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Dedicated to Ayurved...

Ayurvidya

Ayurvidya Masik

।। श्री धन्वंतरये नम: ।।

राष्ट्रीय शिक्षण मंडळ, संचालित

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संपादकीय

कोव्हिड आणि नवीन आव्हाने

डॉ. दिलीप पुराणिक

'कोव्हिड १९' या महामारीची भारतातील दुसरी लाट येवून आता जवळजवळ तीन महिने झाले आहेत. एकूण काढलेल्या निष्कर्षानुसार पहिल्या लाटेपेक्षाही दुसरी लाट अतिशय वेगाने व तीव्रतेने पसरली आहे. भारतातील बहुतेक राज्यांमध्ये कमी अधिक प्रमाणात त्याचा फैलाव झाला असून त्याचा फैलाव शहरांपुरताच मर्यादित न राहता अगदी खेड्यापाड्यापर्यंत तो पोहोचला आहे.

'कोव्हिड १९' ची पहिली लाट भारतात मार्च २०२० मध्ये आली. सुरुवातीस काही दशकसंख्येत असलेली रुग्णसंख्या पाहता पाहता शतक, हजार, लाखांवर पोहोचली आणि एकच हलकल्लोळ माजला. कोरोना विषाणूमुळे झालेला संसर्ग व त्याचे रुग्णांवर झालेले परिणाम ह्या गोष्टी इतक्या अनपेक्षित होत्या की भारतातीलच नव्हे तर जगातील अत्यंत प्रगत समजल्या जाणाऱ्या अमेरिका, युरोप, ऑस्ट्रेलिया ह्यामधील शास्त्रज्ञही अचंबित झाले. कारण हा व्याधी इतक्या मोठ्या संख्येने पसरला की त्याला काबूत आणणे एक आव्हानच ठरले. 'कोव्हिड १९' व्याधी चिकित्सा करायला तसा नवीन असल्याने व विषाणूजन्य असल्याने अर्थातच नक्की औषधे उपलब्ध नव्हती. गंभीर झालेल्या रुग्णांवर वेगवेगळ्या प्रकारची चिकित्सा करण्याचे प्रयोग चालू होते. काही रुग्णांवर हायड्रॉक्सिक्लोरोक्विन, ॲझिथ्रोमायसिन ह्यांचा प्रयोग यशस्वी झाल्याने ह्या औषधांना जगभरातून प्रचंड मागणी वाढली. तसेच काही अत्यवस्थ झालेल्या रुग्णांवर 'प्लाझमा थेरपी' यशस्वी ठरल्याने प्लाझमाची मागणी प्रचंड वाढली. परंतु कालांतराने ह्या पद्धतीची परिणामकारकता शंकास्पद ठरली. नुकतेच 'प्लाझमा थेरपी'चा Covid 19 मधील उपयोग रद्द करण्यात आला आहे. पहिल्या लाटेमध्ये रुग्णसंख्या एवढ्या प्रचंड वेगाने वाढली की रुग्णांसाठी मोठमोठी 'जंबो कोव्हिड रुग्णालये' उभारण्यात आली. ऑक्सिजन, व्हेंटीलेटर बेडस्, आयसोलेशन बेडस्, क्वारंटाईन ह्या गोष्टी सर्वांनाच परिचित झाल्या. अर्वाचिन वैद्यकाबरोबरच आयुर्वेद, होमिओपथी, युनानी ह्यासारख्या वैद्यकीय प्रणालींनीही आपापल्या वैद्यकांचा COVID 19 साठी जोरदार पुरस्कार केला. रोगप्रतिकार शक्ती वाढविण्यासाठी उपयुक्त 'आयुष क्वाथ' ह्या काळात खूपच प्रिय झाला. सुमारे आठ महिन्यानंतर 'कोव्हिड १९' ची पहिली लाट ओसरली. रुग्णसंख्या रोडावल्याने बहुतेक 'कोव्हिड १९' रुग्णालये बंद झाली.

नोव्हेंबर २० नंतर तीन चार महिने सुरळीत गेल्याने कोव्हिड विषयीची भीती एकदम कमी झाली. जनजीवन पूर्वपदावर आले. काही विशेषज्ञांनी कोव्हिडच्या दुसऱ्या लाटेचा इशारा दिला होता. तरीही शासन, जनता बिनधास्त असल्याने सामाजिक अंतर, मास्क, स्वच्छता ह्या गोष्टींकडे दुर्लक्ष झाल्याने मार्च २०२१ मध्ये 'कोव्हिड १९' ची दुसरी लाट आली. दुसरी लाट पहिल्या लाटेपेक्षा खूपच तीव्र व वेगाने पसरली. ऑक्सिजन, व्हेंटिलेटर्स अभावी मृत्यूंचे थैमान सुरू झाले. सर्व वयातील व स्तरातील जनता भयभीत झाली. गरज नसतानाही ऑक्सिजन बेडस्, व्हेंटिलेटर बेडस् अडविल्याने रुग्णालयांमध्ये बेडस् अभावी रुग्णांची वणवण सुरू झाली आणि एकच हाहाकार माजला. मृत्यूचे तांडव सुरू झाले.

शासन नियुक्त 'टास्क फोर्सचे' विशेषज्ञ वारंवार सांगत असूनही Remdisivir ची गरज नसतानाही रुग्ण व रुग्णालये ह्या औषधाची मागणी करत असल्याने Remdisivir ची प्रचंड टंचाई निर्माण झाली. ह्या दुसऱ्या लाटेचे वैशिष्ट्य म्हणजे कुटुंबातील सर्वच व्यक्तींना एकाच वेळी संसर्ग होत आहे.

"COVID 19" च्या पहिल्या लाटेमध्ये रुग्णास छातीमध्ये संसर्ग होवून न्युमोनिया होणे व वेळीच चिकित्सा न केल्यास Lungs Fibrosis होवून ऑक्सिजन व व्हेंटिलेटरचा उपयोग होत नसल्याने रुग्णाचा मृत्यू होत असे. दुसऱ्या कोव्हिडच्या लाटेमध्येही अगदी आतापर्यंत असेच घडत होते. परंतु अचानक म्हणजे सुमारे एक महिन्यापासून कोव्हिडच्या रुग्णांमध्ये नवीन उपद्रवात्मक स्थिती आढळून येत आहे. सर्वसाधारणपणे मधुमेह, कॅन्सर, किडनीग्रस्त कोव्हिड रुग्णांमध्ये Mucormycosis हा अतिशय गंभीर व्याधी आढळून येत आहे. ह्यालाच Black Fungus अथवा Zygomycosis असेही म्हटले जाते. Mucormycetes मुळे होणारा हा उपद्रवात्मक व्याधी असून अतिशय गंभीर आणि चिकित्सा करायला कठीण आहे. Nasal sinuses, Eyes, Lungs ह्यामध्ये संसर्ग होवून वेळीच चिकित्सा न केल्यास संसर्ग मस्तिष्कापर्यंत जावून मृत्यू होतो.

Mucormycosis चे नवेच आव्हान आता पुढे ठाकले आहे. रुग्णांची संख्या वाढत असल्याने खास ह्या व्याधीच्या रुग्णांसाठी स्वतंत्र वॉर्डची उभारणी करणे आवश्यक झाले आहे. ह्या व्याधीची चिकित्सा खूपच खर्चिक असल्याने त्यावरील Inj. Liposomal Amphotericin B किंवा Inj

Posaconazole किंवा Inj. Isavuconazole घेणे सर्वसामान्य रुग्णाच्या आर्थिक क्षमतेच्या पलीकडे आहे.

दुसऱ्या लाटेतील रुग्णांसाठी दिलासादायक बाब म्हणजे नुकतेच DRDO (संरक्षण, संशोधन व विकास) ह्या संस्थेने "2 DOXY D GLUCOSE" औषध संशोधनातून विकसित केले. ह्या औषधाने कोव्हिडग्रस्तांची ऑक्सिजनची आवश्यकता ४०% कमी होईल अशी अपेक्षा आहे. ह्याचबरोबर 'आयुष' विभागानेही नव्याने Herbal Polymer "AYUSH 64" हे औषध विकसित केले असून सामान्य लक्षणे असणाऱ्या कोव्हिडग्रस्तांना त्याचा फायदा होणार आहे.

सर्वात दिलासादायक म्हणजे "COVID 19" वरील तीन कंपन्यांची व्हॅक्सिन्स उपलब्ध असून लवकरच अन्य कंपन्यांची व्हॅक्सिन्स उपलब्ध होणार आहेत. सर्वांनीच कर्तव्य व जबाबदारीने सर्व नियम व निर्बंधांचे पालन केल्यास 'मास्कविरहीत' जीवन अशक्य नाही.

Importance Of SPO_2 In "Covid 19" Management

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Everyone is aware of the guidelines for Covid 19 management by ICMR.

There are so many terms which are used for critical care or intensive care.

In this article we are going to discuss about all these terms and the theory behind these instruments.

By now even the layman is aware of oxygen saturation, breathing rate, NRBM, BiPAP, ICU, ventilator, heparin, ivermectin, tocizulimab, tamiflu and above all Remdisivir. But all these are technical terms which only a medico can explain. By now most AYUSH doctors are also working in ICUs and taking good care of Covid patients.

This article aims to give you all undergraduate and postgraduate students, a clear-cut idea about all these terms and make them aware of how important it is to maintain optimum level of oxygen saturation when patient is critical.

Taking care of instruments is also equally important and their mentainance is altogether different issue to be taken care by engineering faculty.

So to start with we will discuss the normal breathing and the amount of oxygen we inhale daily.

The average adult, when resting, inhales and exhales about 7 or 8 liters of air per minute. That totals about 11,000 liters of air per day. Inhaled air is about 20-percent oxygen. Exhaled air is about 15-percent oxygen.

Normal levels of arterial blood oxygen are between 75 and 100 mmHg (millimeters of mercury). An oxygen level of 60 mmHg or lower indicates the need for supplemental oxygen. Too much oxygen can be dangerous as well, and can damage the cells in your lungs. Your oxygen level should not go above 110 mmHg.

The normal flow rate of oxygen is usually six to 10 litres per minute and provides a concentration of oxygen between 40-60%. This is why they are often referred to as MC (medium concentration) masks, as 40%-60% is considered to be a medium concentration of oxygen.

The average human during rest processes 11,000 litres of air every day. The image above shows in real scale this fact. Making some basic calculations the average human breathes ±8-11 litres of air per minute. An athlete can breathe more than 150 litres per minute and elite male athlete can breathe even up to 240 litres per minute, so in an hour of hard training 14,400 litres of air will pass

through an athlete's lungs.

We have to make sure that each litres of air is pollutants free such as PMs, CO, NOx, SOx and O3 and especially for athletes that breathe more than 20,000 litres of air per day and the breathings are more deep and can reach deeper regions inside their lungs.

What is BiPAP therapy?

Bilevel positive airway pressure (BiPAP) therapy is often used in the treatment of chronic obstructive pulmonary disease (COPD). COPD is an umbrella term for lung and respiratory diseases that make breathing difficult.

Initially, the therapy was only available as an in-patient treatment within hospitals. Now, it can be done at home.

Modern BiPAP machines are tabletop devices fitted with tubing and a mask. You simply put the mask over your nose and/or mouth to receive two levels of pressurized air. One pressure level is delivered when you inhale, and a lower pressure is delivered when you exhale.

BiPAP machines often feature a "smart" breath timer that adapts to your respiratory patterns. It automatically resets the level of pressurized air when needed to help keep your breathing level on target.

This therapy is a type of noninvasive ventilation (NIV). That's because BiPAP therapy doesn't require a surgical procedure, such as intubation or tracheotomy.

How does BiPAP help with COPD?

If you have COPD, your breathing is likely labored. Shortness of breath and wheezing are common symptoms of COPD, and these symptoms can worsen as the condition progresses.

BiPAP therapy targets these dysfunctional breathing patterns. By having a custom air pressure for when you inhale and a second custom air pressure when you exhale, the machine is able to provide relief to overworked lungs and chest wall muscles.

This therapy was originally used to treat sleep apnea, and for good reason. When you're sleeping, your body relies on your central nervous system to lead the breathing process. If you're resting in a reclined position, you experience more resistance when breathing.

Depending on individual needs, BiPAP therapy can take place when awake or asleep. Daytime use can limit social interactions, among other things, but may be necessary in certain situations.

Typically, you'll use a BiPAP machine at night to help keep airways open while sleeping. This aids the exchange of oxygen with carbon dioxide, making it easier for breathe.

For people with COPD, this means less labored breathing during the night. The pressure in airway encourages a steady flow of oxygen. This allows lungs to more efficiently transport oxygen to body and remove excess carbon dioxide.

Research has shown that for people who have COPD and higher carbon dioxide levels, regular nighttime BiPAP use can improve quality of life and breathlessness, and increase long-term survival.

Are there any side effects?

The most common side effects of BiPAP therapy include:

- dry nose
- nasal congestion
- rhinitis
- general discomfort
- claustrophobia

If mask is loose, you may also experience a mask air leak. This can keep the machine from maintaining the prescribed pressure. If this happens, it can affect breathing.

To prevent an air leak from happening, it's crucial that you purchase a mask properly fitted to your patient's mouth, nose, or both. After you put the mask on, run fingers over the edges to ensure that it's "sealed" and fitted to

face.

Can BiPAP cause any complications?

Complications from BiPAP are rare, but BiPAP isn't an appropriate treatment for all people with respiratory problems. The most concerning complications are related to worsening lung function or injury.

What's the difference between CPAP and BiPAP therapies?

Continuous positive airway pressure (CPAP) is another type of NIV. As with BiPAP, CPAP expels pressurized air from a tabletop device.

The key difference is that CPAP delivers only a single level of preset air pressure. The same continuous pressure is delivered during both inhalation and exhalation. This can make exhaling more difficult for some people.

The singular air pressure can help keep your airways open. But researchers trusted Source found it isn't as beneficial for people with COPD unless they also have obstructive sleep apnea.

BiPAP machines provide two different levels of air pressure, which makes breathing out easier than it is with a CPAP machine. For this reason, BiPAP is preferred for people with COPD. It lessens the work it takes to breathe, which is important in people with COPD who expend a lot of energy breathing.

CPAP has the same side effects as BiPAP.

BiPAP can also be used to treat sleep apnea, especially when CPAP hasn't been helpful.

Although some researchers have hailed BiPAP as the best therapy for COPD, it isn't your only option.

If your patient already exhausted list of potential lifestyle changes - and kicked the habit if your patient were a smoker - updated treatment plan may include a combination of medications and oxygen therapies. Surgery is typically only performed as a last resort.

Depending on needs of your patient, you may recommend a short-acting or a long-acting bronchodilator or both.

Bronchodilators help relax the muscles within your airways. This allows airways to better open, making breathing easier.

This medication is administered through a nebulizer machine or an inhaler. These devices allow the medicine to go directly into lungs.

In severe cases, you may also prescribe an inhaled steroid to complement bronchodilator. Steroids can help reduce inflammation in airways.

Oxygen therapy - Similar to BiPAP therapy, oxygen therapy often delivers oxygen to lungs through a face mask. Oxygen may also be administered through tubes resting in nose or a tube placed in windpipe.

This oxygen is contained in a portable tank, which you must refill once levels become low. You can use oxygen therapy day or night, whenever is beneficial for you.

Unlike with BiPAP therapy, oxygen therapy only delivers a set level of oxygen. Oxygen from an oxygen tank isn't customized to individual needs, there isn't any pressure applied to your airways, and the machine can't adapt to your particular breathing patterns.

If your patient have severe symptoms and aren't responding well to other therapies, you may recommend surgery. This is usually a last resort.

Many people with COPD often find that sleeping is uncomfortable. In these cases, BiPAP could be the way to go. So there are so many benefits as well as side-effects of these instruments and therapies.

Less oxygen will cause damage to your patient as well as excessive oxygen will also damage the lungs.

So while using these instruments,one must have a thorough knowledge of them and if you are not having it then don't hesitate to ask

senior. Because you are dealing with a life. Take care and be safe.

NRBM

What is a non-rebreather mask?

A non-rebreather mask is a medical device that helps deliver oxygen in emergency situations. It consists of a face mask connected to a reservoir bag that's filled with a high concentration of oxygen. The reservoir bag is connected to an oxygen tank.

The mask covers both your nose and mouth. One-way valves prevent exhaled air from reentering the oxygen reservoir.

A non-rebreather mask is used in emergency situations to prevent hypoxemia, also known as low blood oxygen. Conditions that disrupt your lungs' ability to uptake oxygen or your heart's ability to pump blood can cause low blood oxygen levels.

If your blood oxygen levels drop too low, you can develop a condition called hypoxia, where your essential tissues become oxygen-deprived.

A non-rebreather mask may be used after traumatic injury, smoke inhalation, or carbon monoxide poisoning to keep blood oxygen levels within a normal range.

How does a non-rebreather mask work?

A non-rebreather face mask fits over your mouth and nose and attaches with an elastic band around your head. The mask is connected to a plastic reservoir bag filled with a high concentration of oxygen. The mask has a one-way valve system that prevents exhaled oxygen from mixing with the oxygen in the reservoir bag.

When you inhale, you breathe in oxygen from the reservoir bag. Exhaled air escapes through vents in the side of the mask and goes back into the atmosphere.

Non-rebreather masks allow you to receive a higher concentration of oxygen than with standard masks. They're generally only used for short-term increases in oxygenation.

Non-rebreather masks aren't commonly used because they come with several risks. Disruptions in airflow can lead to suffocation. You can potentially choke if you vomit while wearing the mask if you're sedated or unconscious. A healthcare provider usually remains in attendance during use of this type mask.

Partial rebreather vs. non-rebreather A non-rebreather mask can deliver between 60 percent to 80 percent oxygen at a flow rate of about 10 to 15 liters/minute (L/min). They're useful in situations when people have extremely low levels of blood oxygen, since they can quickly deliver oxygen to your blood.

A partial rebreather mask looks similar to a non-rebreather mask but contains a two-way valve between the mask and reservoir bag. The valve allows some of your breath back into the reservoir bag.

It's difficult to obtain as high of a blood oxygen concentration with a partial rebreather since the oxygen concentration in the reservoir bag becomes diluted.

Both types of masks may be used in emergency situations. A medical professional will determine which mask to use based on your specific condition.

A simple face mask is usually used to deliver a low to moderate amount of oxygen. A simple mask contains holes on the sides to let exhaled air through and to prevent suffocation in case of a blockage.

It can deliver around 40 percent to 60 percent oxygen at 6 to 10 L/min. It's used for people who can breathe on their own but may have low blood oxygen levels.

A simple face mask doesn't deliver as high of an oxygen concentration as a non-rebreather mask but is safer in the case of a blockage. A medical professional will make a decision of which type of oxygen delivery system is needed based on the specific condition being treated and blood oxygen

levels.

A rebreather mask is a misnomer and doesn't exist in the context of oxygen therapy. The term "rebreather mask" usually refers to a simple mask.

Non-rebreathing masks are not available for home use. A non-rebreathing mask is meant for short-term use in situations such as transporting people to a hospital. They're rarely used outside of an emergency department and should only be used under medical supervision. If the oxygen flow is disrupted, it can lead to suffocation.

A doctor may recommend home oxygen therapy to people with long-term conditions like chronic obtrusive pulmonary disease, severe asthma, or cystic fibrosis.

Home oxygen therapy can be delivered through oxygen tanks or an oxygen concentrator. It's often administered through nasal cannula or tubes that insert into your nostrils. It may also be administered through a face mask.

Non-rebreathing masks are used to deliver high concentrations of oxygen in emergency situations. These masks may be used for traumatic injuries, after smoke inhalation, and in cases of carbon monoxide poisoning.

Non-rebreathing masks aren't available for home use. However, if you have a condition like severe asthma that affects your breathing, you may benefit from a home oxygen system. Speak with your doctor about whether a home oxygen system is right for you.

Study Of Role Of Anvaychandrika Commentary On Yogashatakam

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Introduction - Manuscripts are original hand written documents dating at least seventy five years back. Many such unpublished manuscripts are available in manuscript libraries. They are related to the original samhitas like Brihatrayee (Charak Samhita, Sushrut Samhita and Ashtang Hriday) and Laghutrayee (Madhav Nidan, Bhavaprakash Samhita and Sharangdhar Samhita). Compilate books in middle period Yogratnakar and Bhaishajyaratnavali, Rasashastra books and Nighantus etc. Some unpublished manuscripts of collections Yogashatak are also available. It is interesting to study the contents for chances to find new principles, new herbomineral formulations, new siddhants, The physicians of olden days have also documented their practical experiences regarding methods of diagnosis, treatment or formulation preparation. As these manuscripts are unpublished; they remain unnoticed. They may have hidden treasures.

'Yogashatakam'is one such manuscript. As name suggests it is compilation of hundred formulations from different samhitas or few additions from experience. Four mss with the name Yogashatak were compiled from Vaidik Samshodhan Mandal, Pune. Among them three scribes of Yogashatakam contains formulations with the name of raw drugs, formulations to be prepared and indications for them. The formulations compiled in those three scribes were more or less similar to each other; whereas in "Anvaychandrika Teeka" (commentary) on those formulations was observed . Anvaychandrika commentary was studied to find the contribution of commentary.

Objective - To study contribution of Anvaychandrika commentary(manuscript) on Yogashatakam.

Materials and method -

Manuscript - Anvaychandrika Teeka of

Yogashatakam.

MSS collected from Vaidik Samshodhan Mandal, Pune. This MSS found in descriptive catalogue of Sanskrit Manuscripts, Vol. IX (Jyotish and Ayurved), Year - 2010. Size 25.5 cm x 12.5 cm.Extent 23 leaves, text is within 22 folios, 1 folio is used as covering of MSS, 10 - 12 lines, 29 letters to a line. Author of Yogashatakam unknown. Author of Anvaychandrika Shree Nandlal. Description:- Good except damaged corners, Yellowish paper, Devanagari characters and complete. Age appears to be very old.

Methodology-

Study was done in three phases -

Phase 1 - Anvaychandrika commentary were photocopied from Vaidik Samshodhan Mandala, Pune. Rewriting of Manuscript MSS was thoroughly investigated for completeness and complete manuscript was rewritten.

Phase 2 - MS Anvaychandrika commentary of Yogashatakam was compared with other available three scribes of MSS Yogashatakam. Afterwards Ayurvedic texts like Brihattraye, Laghuttraye, Yogratnakar, Harit Samhita, Chakradatta and Bhaishyajyaratnavali are compared with the original verses obtained from other copies. All comparison was done to compare the original text.

Results and Discussions -

Author of MSS - Study of end colophone indicates. Yogashatakam is collection book by Yogishvaracharya. Shree Nandlal has written commentary on that. Yogashatak had explained 76 diseases/ conditions and 110 formulations.

Time period - In available other two scribes their time period is mentioned as 1713 and 1797 AD. So Yogashatakam might be written in 18th century. As Anvaychandrika is commentary on Yogashatakam, it may have written after few years of it. Anvaychandrika as commentary has added few interesting observations. At four places commentator mentions the region of collection from where more potential drugs (Draksha, Tagar, Sanjan, Sprukka) could be collected.

Additionsl information for the new indications and duration was explained for Chandanadi Kwath on Gurvini Jwara, (From first to tenth month) Khadiradi Kashay on krimi(Seven days), Durvadi Lepa on dadru(Three days), Aralvadi Yoga on Arsha (seven days)

Substitute drug for main drug as all drugs required for formulation could not be available; commentator has mentioned their substitute drugs having same qualities as of main drug. The substitute (Abhava) drugs Amlavetas substitute Chook, Sprukka substitute Bramhi, Chandadhan substitute Dhanyak.

Narration of dose Commentator has given dose of formulations because it is important for the expected result of it. Six formulations Eladi Kwath dose Karsha, Samasharkara Choorna42 dose Pratham panch gras of bhojan, Vardhaman Pippali dose Three, Five, Seven Pippali, Mustadi Gutika49 dose Two Tank, Aralvadi Yoga dose Two Tank, Lavanadi Choorna dose Pratham panch gras of bhojan

Formulations of Jwara:Kiramala Panchak for malaa (मळ) Jwara As it is having five drugs and considering laxative action of Aragvadh, commentator has renamed the formulation as Kiramala Panchak for malaa **(मळ)** jwara. Commentator has particularly mentioned the bark of Haritaki which is predominant in kaashay rasa and katu rasa is having actions like deepan pachan and anuloman. It shows that to improve the efficacy of this formulation he had made this change.

Darvyadi Kwath for Sannipat Jwara - This decoction is prepared with Darvi, Tikta, Phalatrik, Kshudra, Patol, Rajani and Nimb. Sannipat Jwara mainly affects liver (yakrita) and the drugs mentioned in this decoction are mainly act on liver. Anvaychandrika specifically mentions leaves of Nimb for this decoction because they are more liver stimulative than fruits.

Chandanadi Kwath - Yogashatakam have advised this decoction to mitigate fever in pregnancy which is prepared with Chandan, Sariva, Lodhra, Mridvika and Daruk. All these drugs are sheet, blood purifier, gives strength. Hence helps to mitigate fever. One more benefit of Lodhra is its garbhasthapak property. Anvaychandrika reveals types of drugs like Rakta Chandan, Krishna Sariva and Shveta Lodhra. External use of Rakta Chandan is more common but here, he mentions it for internal

use. It is possible that, as Shveta variety is rare he has mentioned the Rakta. In case of Krishna Sariva, according to anukta paribhasha when the drug is mentioned as Sariva, Krishna Sariva should be taken. Hence he mentions it as its commentator's duty to elaborate the concise things. He also describes duration of drug intake. As all drugs are useful to mitigate fever as well as provides nutrition to fetus he advised to take it from first to tenth month of pregnancy.

Kwath for Visham Jwara - Commentator mentions that fever become chronic in fourteen days and then gives references from Harit and Charak for this. Reference verses are not exactly similar to the respective authors but the principal for chronicity of fever remains the same. He gives additional complication Ardita with its meaning which is not mentioned by Yogashatakam. Other Samhita have mentioned Ardita. So, commentator has followed others instead of Yogashatakam.

Brihad Punarnavadi Kwath - Anvaychandrika mentions it for Sarvang Shopha, Udar, Pandu and Sthaulya Amay whereas Yogashatakam advised it for Shwas. The Punarnavashtak kwath of Chakradatta is exactly similar to Yogashatakam whereas Punarnavadi kwath of Yogratnakar is similar to Anvaychandrika. Commentator has mentioned to use leaves of Nimb as they are krimi, pitta and vishghna. These qualities are useful to treat Shopha, Udar and Pandu. He advises to take leaves of Patol because they are pittaghna and acts on indication better. He also specified to take cow's urine in karsh quantity. So he again followed anuktaparibhasha. He also knows sharpness of cow's urine as he advises it in small quantity.

Vavdingadi Choorna - Yogashatakam advises to consume this decoction with animal's urine for munivasar. This term is translated by commentator as seven days. Among the eight urine group of animals explained by Charak cow and elephants urine are krimighna but considering the easy access commentator has chosen the cow's urine.

Eladi Kwath - Regarding useful part of drugs he mentions roots of Madhuk and Urubuk and seeds of Nirgundi. Seed of Nirgundi is having abortifacient action, teekshna and ushna in potency. It means it works on Apanvata and will be helpful to treat Mutrakrichra and Ashmari. This indication of Nirgundi seed is not given in available texts. So it is commentator's own view and he has through knowledge about drug properties.

Vasadi Kwath - Anvaychandrika mentions that this decoction cures all illness which has been spread in consequent manner all over body. It has been explained in Ayurvedic texts that Vatarakta spreads from toe to big joints of lower body or tip of finger to big joints of upper body in a consequent manner. This shows commentator has keen knowledge about disease manifestation and he has learnt Ayurvedic texts thoroughly.

Rasanjanadi Kwath for Pradar - In the treatment of all types of Asrigdar, Yogashatakam has advised to consume Rasanjan and root of Tandulak with honey and rice water. Anvaychandrika has advised to prepare gutika of contents. Yogashatakam also mentions to take powders of Nagar and Bharangi for Shwas. Anvaychandrika uses Tantrayukti 'Prasang' to give reason for giving treatment of Shwas in Pradar. As mentioned by Charak Apatarpan, Daurbalya and Raktapitta are the causative factors of Shwas.

Vadvanal Choorna - Yogashatakam mentions to prepare gutika but commentator gives an option as to make choorna by adding sugar because action of drug starts when it is kept over tongue only.

Ayas Kalpa - Yogashatakam has given praman of Swarnamakshik as kola. Anvaychandrika gives conversions for this as shana and two tanka. It shows he has thorough knowledge of Man Paribhasha. It is indicated for Pandu and to show its efficacy they have used a resemblance as it cures even incurable Pandu.

Talishadi Gutika - Commentator elaborates indications as it is useful in all five types of Kasa and agnimandya which associates with it. He gives reference as it is said before by other vaidyas that accumulation of kapha causes a version towards food. This is the basic principal related with guru guna of kapha only but this explanation of commentator again throws light on it which helps readers to remind it. Such incidence in the commentary supports author's

objective 'Balbodhay'.

Madhu Pippali Leha - It is simple formulation, just to give honey and Pippali especially for the treatment of Kasa, Shwas, Kshay, Pandu, Prameha and for jeerna Jwara also. Commentator mentions quantity of contents as two karsh honey and one karsh Pippali should be licked.

Vataprarohadi Gutika - Anvaychandrika gives meaning of Utpal as Padmakashtha. Utpal is synonym of Kamal also. Though both these drugs can be used as Chardighna he prefers to Padmakashtha. He explains the procedure for Gutika and mentions to add double quantity of Sita which is not mentioned by original verse.

Nasya yogas for nasal bleeding These yogas were not found in Yogashatakam. Commentator. mentions nasal administration of juice of Durva or Dadim flower to control fresh nasal bleed. Afterwards he adds formulations as excreta of honey bees or human breast milk or Laksharasa or Alakta rasa also can be used. This nasyayoga is explained after treatment of Trishna because Chardi is primordial symptom of Raktapitta.

Gindir Tela Commentator knows that someone (Vagbhat) has already told that sesame is contraindicated in Kushtha so he has advised to use mustard oil. This shows that he not only has thorough knowledge of Ayurvedic texts but he also knows how to apply it. He gives reference verse of Sushrut with his name give reason for mentioned quantity of dravya for oil preparation.

Abdhiphenadi Anjan - There is not any similar formulation like this in related books. It is a simple medicine. Only the Abdhiphena along with sugar is applied as anjan for Arjun.

Rasakriya Gutika - Anvaychandrika advises to make gutika of Marich praman which is not mentioned in original verse.

Darvyadi Kashay for Gandusha - This is the only formulation mentioned for mukharoga chikitsa which cures even severe conditions of Mukhapaka.

Kushthadi Choorna - This is the single formulation mentioned for Dantarog chikitsa which removes dirt, itching, pain and hampers bleeding from teeth.

Gugguladi Taila - Oil prepared with Sauvir, Muktaphala, Matulinga, Mansi, Rasa, Guggul, Saindhva and Katuka is advised for pain in ear. Anvaychandrika mentions Ardraka instead of Muktaphala. Both the drugs Muktaphala (Karpoor) and Ardraka alleviates pain but the main difference is Muktaphala is sheeta in veerya and Jala Mahabhuta predominant whereas Ardraka is ushna in veerya and Akash mahabhuta predominant. So, according to Pancha Mahabhuta and Loka - Purush Siddhanta Ardrka will be better as it works on avakash (hollow space) of ear and its hot potency is more useful to mitigate vata. Due to these reasons he might have replaced Muktaphala with Ardraka.

Vatsakadi Kwath - Yogashatakam starts this decoction with Darvi whereas Anvaychandrika starts with Vatsak. Yogashatakam has advised it for eye diseases caused by vitiated pitta and rakta. Acharya Charak has mentioned Vatsak as agrya in shleshma, pitta and rakta sangrahan. So, it's possible that due to these reasons he prefers to write Vatsak first.

Madhvajyadi Yoga - It is related with sukha prasava (normal delivery). He has advised to consume Yashtimadhu and route of Matulunga for sukh prasava with rice water and paste of grains. This formulation mitigates tridosha and cures diseases of sutika like Dhanurmarut, Danta bandh, Shaitya, Swasan, Kasan and all vata diseases of sutika. It means he advised this formulation not only for sukha prasava but also for all diseases of sutika.These things are not mentioned by Bhaishyajya ratnavali.

Arkadi Kashay - This formulation was not found in Yogashatakam as well as any other related books. This Kashay is advised for netra roga. Though Arka is very hot in potency flowers of rakta arka are good for eye sight. Majority of contents like Guduchi, Nirgundi, Haridra are Krmighna. Along with hot potency drugs like arka and Vacha decoction is balanced by alkaline nature herbs like Haridra and Ananta which mitigates vitiated rakta and pitta. So, it could be useful in parasite related rakta pittaj eye disease.

Nishadi Taila - Anvaychandrika mentions to use Shveta variety of Rodhra and Chandan. He has advised to take all drugs one karsh, oil eight pala and milk twenty three pala. He elaborates the

term kshata as shastra prahara and praroha as ropana.

Aralvadi Choorna - It was not found in any related books. This powder has advised to take for seven days with buttermilk. He mentions to use bark of Aralu. It is clearly mentioned that by its internal use it sheds off the Arsha. Commentator has advised the dose of this choorna as one tanka.

Chandrodaya Varti - This formulation was not found in the related books. Commentator mentions that Sprikka is well known in Gauda desha and Bramhi is abhava dravya for it. We did not found such substitute for Sprikka in related texts (Bhavaprakash, Yogaratnakar and Bhaishajyaratnavali). It suggests that as Sprikka is not easily available in his place. Also qualities of Bramhi i.e. sheeta guna, tikta rasa are similar with it. He gives another abhava dravya Dhanyak for Chandadhan - Harit. Bhaishajyaratnavali have mentioned Dhanyak can be used as substitute for Kustumbaru. So, Chandadhan Harit might be Kustumbaru. He advises to take each drug in one part, gaura Sarshapa eight parts and Nagakeshar four parts. This varti is useful for all in all types of diseases. He elaborates it as this varti destroys effects of Daitya stree, Alakshmi, Pishach Jwara, Vikriti Vish etc. supernatural things. Here, he has explained Daiva Vyapashraya Chikitsa as mentioned in other texts of Ayurved.

Shringyadi Leha - Commentator has advised to prepare confection with honey for childrens of Kasa, Jwara, Chardi and Ardita. He also mentions to prepare confection with honey and Ativisha. Commentator explains that these two formulations are options for each other for the same indications.

Vidarikadi Yoga - Anvaychandrika has given Gokshur instead of Anshumati and Brihati and Ikshur instead of Bala. In indications he mentions veerya and kanti instead of oja. In resemblance he adds musalopam (मुसळोपम) to show the efficiency of formulation. He has advised to take these drugs only with two parts of sugar and cow's milk. He mentions this choorna as both Rasayan and Vajikaran.

Yashtyadi Yoga - Commentator has added honey and Saindhava in original verse. Charak has advised it as Rasayan whereas he mentions it as Vrishyatama and Jwara vinashaka. Saindhava is mentioned as vrishya by Bhavprakash Nighantu. So, it is possible that due to this quality he adds Saindhava in this formulation and mentions it as Vrishytama. He mentions to use two times quantity of sita.

Vaman Yoga - Anvaychandrka has advised to take decoction of Yashti with one karsh Saindhava for Vaman - Prachardan. It is advised for diseases of Kantha, Asya and Karna roga. The exactly similar formulation was not found in related books. How ever, it is common and well known to all. Yashti is Vamak and Saindhava due to its sukshma and abhishyandi guna helps for Vaman. Yashti is main ingredient of many Vaman yoga. Lavan Jala is also mentioned for Vaman in Samhita.

Shvadanshtradi Choorna: This is the last formulation of Anvaychandrika Teeka of Yogashatakam. After concluding Rasayan Vajikaran Tantra he again mentions a Rasayan.

This formulation of Yogashatakam was not found in related books.

Miscllaneous -

Lavanadi Choorna - Commentator mentions to use fried Hingu; for this he gives one principal of Sharangdhar as reference. He advised to take it with first five bolus of meal in the management of Vishuchika.

Doshanurup Dravya - Here he mentions dosha and drugs acting on it like for Vata - Pippali with honey, for aruchi of Kapha - Ushan with Agni choorna and for Pitta - Ela, Sita for vrana having vitiated Pitta - Vara Guggula.

Ajeerna Kantaka - This is the last formulation mentioned in this manuscript. He has mentioned to take Vyosha, Hingu, Saindhava and Gandhak along with Nimbu rasa which immediately cures Vishuchika and all types of Atisar. We couldn't recognise some drug names as he has mentioned them together like ajajirastana. As this formulation cures Ajeerna which troubles like Kantaka (throne) he gives the name Ajeerna Kantak.

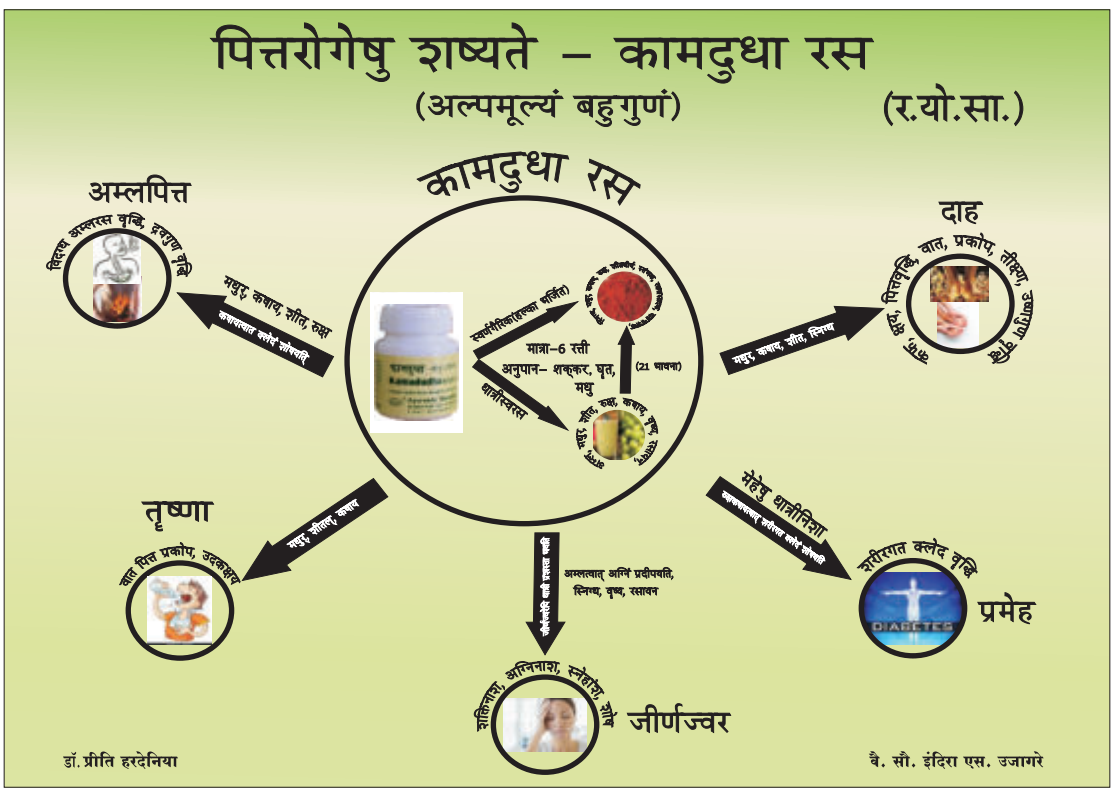
Conclusion - The author of Yogashatakam can be named as Anant Yogishvaracharya. Author of Anvaychandrika Teeka is Vaidya having thorough knowledge of many Samhita of Ayurved and application of basic principles. The time period of Yogashatakam on which

Anvaychandrika Teeka was written might be18thcentury. So, time period of Anvaychandrika Teeka of Yogashatakam also might be18thcentury. Anvaychandrika within 23 folios explains 110 formulations which are structured within Ashtanga of Ayurved giving preference to Kayachikitsa.

Contribution of Anvaychandrika Teeka to the Yogashatakam - Among total 153 drugs mentioned in MSS commentator has given 120 Sanskrit, 74 Marathi, 22 Marathi Sanskrit and 28 vernacular synonyms. In case of drug selection he has given particular types for 7 drugs, their parts to be used for 28 drugs and their natural habitat for 4 drugs. He has also explained Doses for 6 formulations, duration of intake for 4 formulations and routes of administration for 49 formulations and anupan for 8 formulations.

Abhava dravya are mentioned for Chavyadi gutika and Amladi varti. He has changed kalpana for Rasakriya gutika as Gutika and its size as Maricha praman. He has followed Bhavprakash and Chakradatta instead of Yogashatakam and changed the administration of Darvyadi kashay as Gandusha instead of Kaval. He has replaced Ardraka for Muktaphala in Gugguladi Taila. He has advised Vidarikadi Yoga both for Rasayan and Vajikaran.

Formulations are important and indivisible part of Yuktivyapashraya chikitsa. Yogashatakam has collected one hundred and ten such good formulations. Anvaychandrika Teeka gives perception to the new learner of Ayurved for understating the formulations mentioned in MSS Yogashatakam. He follows the thoughts of Charak, Harit, Sushrut etc. vaidya for this purpose. He has mentioned the name of Yogashatakam and its importance along with its composer name Anant Yogishvaracharya. So, study of MSS Yogashatakam gives knowledge about distinct formulations and Anvaychandrika Teeka helps in understanding of those formulations and effective use in practice.



Balchaturbhadra : An Effective Formulation In Pediatric Patients

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Introduction -

कुमाराणांभृतीधरणमपोषाणंचेति– कौमारभृति।
कौमारभृत्यअष्टांगानामतन्त्रंअद्यंउच्यते।

Kaumarbhrutyatantra is one of the special branch of Ayurved among eight branches. It is described as Adyabranch. This branch is related to development from intra uterine life of baby (Dharan), nutrition of baby diseases of baby and it's management. The Balya avastha is consider up to the age 16. The Hetu, Upshayanupashy Pathyapathya, Anupan and the dose of drugs are different from the adult. Hence the branch has got specific importance. That's why it is specially mentioned in Ayurved text.

Interpretation - Balchaturbhadra is one of the best formulation mentioned in Ayurved in some pediatrics disorder. The name itself indicates its efficacy. It is used in bal i.e. children. It content four ingredient. And it is beneficial for the child.

- Bal - Child (Ashodash Varshat)
- Chatuhu - four Ingradiants
- Bhadra - beneficial

The Ayurved nomenclature has got specific meanings.

Balchaturbhadra - This formulation is made up of four drugs used specifically in children and potent enough to cure the diseases of child age group. It is combination of four drugs. **(See table)**

This combination is mentioned in Chakradatta. It is in regular practice in Ayurved physicians. In all the text of Ayurved Acharya have mentioned same four ingredients. Fine powder is done by mixing equal proportion of all four drugs.

- **Indication -** It is used in various pediatric diseases like Jwar, Atisar, Shwas , Kass, Chardi.
- **Swarup -** Light Brown
- **Gandh -** Pungent
- **Ras -** Kashay / Tikta
- **Dose -** 100 Mg To 200 Mg
- **Anupan -** Depending Upon Dosh

Features of child - As Ayurved has described Kaumarbhrutya a special branch of medical science because child has got special characters Saukumary (Delicate nature) Alpakayata (lower body mass), Alpa dosh Dhatu Mala, Apripakwadhatu (immature status of dhatu) Sarvannanupsevan (Not consuming all types of food) Asampurnabal (Inadequate Immunity) kleshasahishunatutwa, Aniyatagni (Unstable status of agni). All these characters give clear idea about Dehabal, Agnibal and Satvabal of pediatric age. This clearly give idea about lowered immune status. And hence a child has more susceptible for recurrent infection status. A child cannot tolerate all type of medication. Also not tolerate many of treatment procedures.

Discussion - Mandagni being the root cause of Atisara, hence all the ingredients mentioned here act directly on the agni. Bala chaturbhadra Choorna acts on Atisara due to its Deepana (Appetizer), Pachana (Digestive) and Grahi (Absorber) properties. While considering the socio economic status, the incidence of Atisara is common in lower income group. Poor standard of living affects

Sr. No.	Dravya	Latin Name	Karmukatva
1	Musta	Cyperus rotundus	Agnideepan /Atisarghna
2	Pippali	Piper longum	Kaphaghna,Improve Appetite, Digestion
3	Ativisha	Aconitum heterophyllum	Atisarghna, Jvarghna ,Vedanahar
4	Karkatshrungi	Pistacia integerima	Kaphaghna

hygiene, limited food supply which is often unclean have been considered as the causes of Atisara. Hence, these may be the reasons for high incidence in low income group. The Deepan effect of the drugs may be the cause of improvement in impaired appetite. Grahi effect of Balachaturbhadra may help in relieving the loose motions as well as stools with mucus. Pain in abdomen, tenderness of abdomen and distension of abdomen will be cured due to Pachana and Vatanuloman actions of the compounds. Regarding the Strotasa, in case of Atisara, there is mainly vitiation of only 3 Strotasa namely Annavaha, Udakvaha and Malavaha. Deepana, Pachana and Grahi properties of these drugs will relieveAnnannabhilasha, Avipaka, Arochaka, Atidravamala, Atibahu mala.

Conclusion - Balchuturbhadra is one such formulation mentioned in text of Ayurved is meant for children for many routinely seen diseases. The combination of all these four ingredients in equal quantity is highly effective as far as all character of Balyavastha are considered. It is safe and effective to over come routine digestive complains of children. It improves digestion hence help to promote physical growth. It also boost immunity and protect child from minor infection.

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Literature Review Of 'Patha' (Cissampelas Pareira Linn) In Classical Texts

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Introduction -

भिषक द्रव्याण्युपस्थाता रोगी पादचतुष्ट्यम् । वा.सू. १

Ayurveda has mentioned four pillars of Chikitsa called chatushpad which includes Bhishaka, Dravya, Paricharak and Rogi. All these four appendages when united, best results are obtained. Drug is one amongst them. In Ayurveda it is mentioned that, while using herbal drug externally or internally, it should be capable to be used in various forms, must be of good quality, effective and appropriate.

In Ayurveda there are many drugs which are mentioned abundantly. Patha (Cissampelos pareira linn.) is one amongst them. In Ayurvedic texts Patha leaves and Patha roots have been recommended for use. Patha roots have more potentiality as compared to leaves. (Virya Pradhan). Ayuredic text has abundantly mentioned Patha (Cissampelos pareira linn.) in Samhitaas and Nighantus.

Materials and Methods -

- Samhitas - Charaka, Shusruta, Ashtang Sangraha, Ashtang hrudaya, Chakradatta, Shangadhara, Harita, Vrundamadhava, Vangasena, Gadanigrh, Yogratnakara, Bhavprakash and Bhaishajya ratnavali
- Nighantus - Kaiyadeva Nighantu, Raj Nighantu, Rajavallabha Nighantu, Madanpaal Nighantu, Dhanvantari Nighantu, Madhava dravyaguna, Madanadi Nighantu, Abhidaan manjiri, Laghu Nighantu, etc.

Literature review - The references from classical text are briefly mentioned below in Tabular form.

Classification of Patha in classical texts in Ganas or Vargas -

1) Charaka	• Sandhaniya, Jwarahara, Stanyashodhan Mahakashaya • Tikta Varga
2) Shusruta	• Mustadi, Aragvadhadi, Pippalyadi, Ambashthadi, Brihatyadi, Patoladi gana
3) Ashtang Sangraha	• Jwarahara and Stanyashodhan Mahakashaya, • Mustadi, Aragvadhadi, Pippalyadi, Ambashthadi, Patoladi gana • Tikta skandha
4) Ashtang Hrudaya	• Mustadi, Aragvadhadi, Vatsakaadi, Patoladi gana • Tikta varga
5) Shoushruta Nighantu	• Vidangadi gana, Mustadi, Aragvadhadi, Pippalyadi, Ambashthadi, Brihatyadi, Patoladi gana
6) Shodhala Nighantu	• Guduchydi varga
7) Priya Nighantu	• Pippalyadi varga
8) Adarsh Nighantu	• Guduchyadi varga
9) Shaligram Nighantu	• Guduchyadi varga
10) Bhavprakash Nighantu	• Guduchyadi varga
11) Kaiyadeva Nighantu	• Aushadhi varga
12) Raj Nighantu	• Pippalyadi varga
13) Madanpaal Nighantu	• Abhayadi varga
14) Ashtanga Nighantu	• Pippalyadi varga, Mustadi, Aragvadhadi, Patoladi ganas
15) Dhanvantari Nighantu	• Guduchyadi varga
16) Amarakosha	• Vanaoshadhi varga
17) Abhidhanra-tnamala	• Tiktaskandha
18) Madhava Dravyaguna	• Vividhaoushadhi varga
19) Madanadi Nighantu	• Aragvadhadi, Mustadi, Vatsakaadi, Patoladi ganas
20) Hrudaya dipak Nighantu	• Mishraka gana
21) Siddha mantra Nighantu	• Tridoshaghna varga
22) Shabda chandrika	• Vrukshadi varga

Rogaghnata (Adhikaar) of Patha in Various Texts:

1) Charaka	Jwara, Gulma, Prameha, Kushtha, Rajayakshma, Apasmara, Kshatakshin, Swayathu, Arsha, Grahani, Hikka, Swasha, Kasa, Atisara, Visha, Mutrakrichra, Granthi-artava, Urustambha, Stanyadosha, Pandu-Kamala, Krumi, Pleeha, Pravahika, Gulma, Stanyadosha, Asmari, Visha.
2) Shusruta	Vrana, vaatvyadhi, Ashthila, Ashmari, Bhagandara, kushtha, Prameha, Pramehapidaka, Yonishoola, Stanyadosha, Mansagranthi, Upadansha, Galashundika, Sarvasara, Netrarog, Atisaar, Gulma, Shleshmashoola, Kasa, Arochaka, Visha
3) Ashtang hrudaya	Jwara, Kasa, Hikka, Shwasha, Arsha, Atisaar, Grahani, Mutraghata, Prameha, Gulma, Pandu, Shwayathu, Kushtha, Vaatavyadhi, Stanyadosha, Yoniroga, Visha
4) Ashtanga sangraha	Jwara, Kasa, Hikka, Shwasha, Chardi, Arsha, Atisaar, Apasmaar,

	Upadansha, Bhagandara, Timira, Galaroga, Grahani, Mutraghata, Prameha, Gulma, Pandu, Shwayathu, Kushtha, Vaatavyadhi, Baalroga, Stanyadosha, Yoniroga, Visha
5) Chakradatta	Jwara, Jwaraatisara, Atisaar, Grahani, Arsha, Aganimandya, Krumi, Pandu, Raajyakshma, kasa, Apasmaara, Vaatavyadhi, Hrudroga, Mutrakrichra, Ashmari, Prameha, Udara, Shotha, Shlipada, Visarpa, Masurika, Shudraroga, Mukharoga, Nasaroga, Asrugadara, Yonivyapada, Baalaroga, Visha, Rasayana
6) Shangadhara samhita	Jwara, Atisaar, Kushtha, Grahani, Shoola, Vaatroga, Arsha, Vaatrakta, Pinus, Kshaya, Raktapitta, Pravahika, Yakruta-pliha, Vidradhi
7) Harita Samhita	Jwara, Puranjwara, Atisaar, Arsha, Apasmaar, Prameha, Kushtha, Aruchi, Baalroga
8) Vrunda madhava	Jwara, Jwaratisaar, Atisaar, Grahani, Arsha, Ajirna, Raktapitta, Vaatvyadhi, Aamvaat, Shool, Mutrakruchra, Prameha, Medovruddhi, Gulma, Shoth, Vidradhi, Bhagandar, Kushtha, Mukharoga, Pradara, Striroga, Baalroga,
9) Vangasena	Jwara, Atisaar, Grahani, Arsha, Ajirna, Pandu, Kaas, Unmaad, Vatvyadhi, Vaatrakta, Aamvaat, Shool, Gulma, Mutraghata, Shotha, Kushtha, Snayuroga, Kshudraroga, Mukharoga,
	Nasaroga, Striroga, Baalroga, Visharoga, Rasayana
10) Gadanigrha	Jwara, Jwaraatisaar, Atisaar, Grahani, Arsha, Pandu, Kamla, Kaas, Vaatvyadhi, Shool, Gulma, Hrudroga, Mutrakruchra, Ashmari, Prameha, Medoroga, Udarroga, Shwayathu, Kushtha, Visphota, Masuruka, Mukharoga, Apasmaar, Stanroga, Baalroga, Sarpavisha
11) Yog-ratnakara	Jwara, Atisaar, Jwaratisaar, Grahani, Arshoroga, Raktapitta, Rajyakshma, Arsha, Ajirna, Pandu, Kaas, Vaatvyadhi, Vaatrakta, Aamvaat, Shool, Gulam, Mutrakruchra, Prameha, Udara, Shotha, Shlipada, Kushtha, Visarpa, Masurika, Dantaroga, Mukharoga, Nasaroga, Pradara, Yonivyapada, Baalroga, Visha
12) Bhavprakash Samhita	Shoola, Jwara, Chardi, Kushtha, Atisara, Hrudruja, Daaha, Kandu, Visha, Shwasha, Krumi, Gulma, Gara, Vrana, Grahani, Arsha, Agnimandya, Amlapitta, Raajyakshma, Unmaad, Vaatvyadhi, Urustambha, Amvaata, Mutrakruchra, Ashmari, Prameha-pidaka, Sthaulya, Vruddhi, Masurika, Gudabhransha, Mukharoga, Galaroga, Baalaroga
13) Bhaishajya ratnavali	Jwara, Jwaraatisaar, Atisaar, Grahani, Arsha, Agnimandya, Pandu, Raktapitta, Raajyakshma,

	Kaas, Hikka-shwasha, Swarabheda, Arochak, Chardi, Madatya, Unmaad, Apasmaar, Vaatvyadhi, Urustambha, Udavarta, Gulma, Hrudaroga, Mutraghat, Ashmari, Prameha, Medoroga, Udararoga, Prameha -pidaka, Yakruta-pliha, Shotha, Vruddhi, Shlipada, Vidradhi, Bhagna, Visphota, Masurika,Kshudra-roga, Mukharoga, Netraroga, Pradara, Yonivyapada, Garbhiniroga, Sutikaroga, Stanydosha, Baalroga, Visha, Rasayana
14) Kaiyadeva Nighantu	Shoola, Jwara, Chardi, Kushtha, Atisara, Hrudruja, Daaha, Kandu, Visha, Shwasha, Krumi, Gulma, Gara, Vrana
15) Raj Nighantu	Bhagnasandhana, Daaha, Atisara, Shoola
16) Raja vallabha Nighantu	Atisaara
17) Madanpaal Nighantu	Shoola, Jwara, Chardi, Kushtha, Atisara, Hrudruja, Daaha, Kandu, Visha, Shwasha, Krumi, Gulma, Gara, Vrana
18) Dhanvantari Nighantu	Visha, Kushtha, Kandu, Chardi, Hrudaroga, Jwara, Atisara, Shoola
19) Madhava dravyaguna	Atisaara, Shoola
20) Madanadi Nighantu	Visha, Shoola, Gulma, Jwara, Raktaatisaar
21) Abhidaan manjiri	Kushtha, Jwara
22) Laghu Nighantu	Atisaara, Shoola, Jwara

Results and Disscussions - Patha is one among the important drugs mentioned in ayurved. It has been described in more than 50 Roga adhikaras in Various samhitas and Nighantus which describes its importance. Patha is mostly mentioned in Guduchyadi Varga and Tikta skandha. It is Mentioned to be used in Sharir rogas like Jwara, Atisaar, Shoola, Grahani etc while in Manas rogas like Apasmara, Unmaad, and many more.

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'अग्नि'चा शोध....

वैद्य अनिकेत गिताराम घोटणकर,
व्याख्याता, शारीर क्रिया विभाग,
सिद्धकला आयुर्वेद महाविद्यालय, संगमनेर

प्रस्तावना– अश्मकालीन युगामध्ये, दोन अश्म एकमेकांवर घासल्याने अग्निची निर्मिती झाली किंवा त्या ठिणगीने मोठ्या ज्वाला निर्माण करणारा अग्नि प्रज्वलित होऊ शकतो हे मनुष्यप्राण्याला समजले. त्यावेळी खूप आनंद झाला... असे आपण इतिहासात वाचतो. त्यावेळी अग्नि नव्याने निर्माण झाला असे नव्हे, तर अस्तित्त्वात असलेल्या 'अग्नि' या संकल्पनेची ओळख सर्वांना झाली.

सद्य २१व्या शतकात मनुष्यप्राण्याला आणखी एका अस्तित्त्वात असलेल्या अग्निची ओळख करून देण्याची गरज आहे. आपल्या शरीरात अन्न पचविण्यासाठी अग्नि आहे; याचा सध्या सर्वांना विसर पडलेला दिसतो. अग्निचा किंवा भुकेचा विचार न करता पोटात अन्न केवळ ढकलले जाते. ते अन्न सेवन करण्याचे कारण कधी वेळ आहे म्हणून, कधी आवडते म्हणून तर कधी आग्रह... असे सांगितले जाते. अनेकदा पोटात भुकेची जाणीव आहे की नाही याचा विचार न करता अगदी डस्टबिन प्रमाणे पोटाचा 'अन्नसंग्रह' करण्यासाठी वापर होतो. ते अन्न पुढे पचणार आहे की नाही, आपल्या शरीराचे पोषण करणार आहे की नाही... या कशाचाही विचार न करता अन्नसेवन केले जाते. अशा समस्त अनभिज्ञ मंडळींना आयुर्वेद शास्त्रातील 'अग्नि' या संकल्पनेची ओळख करवून देणे हे सर्व वैद्य वर्गाचे काम आहे असे म्हटल्यावर वावगे ठरणार नाही.

याच कार्याचा छोटा भाग म्हणून हा लेखन प्रपंच!

संकलन– अहं वैश्वानरो भूत्वा प्राणिनां देहमाश्रितः।
प्राणापानसमायुक्तः पचाम्यन्नं चतुर्विधम्।। श्रीमत् भगवद्गीता १५/१४
आयुर्वर्णो बलं स्वास्थ्यं उत्साहोपचयौ प्रभा।
ओजस्तेजोऽग्नयः प्राणश्चोक्ता देहाग्निहेतुकाः।।
शान्तेऽग्नौ म्रियते, युक्ते चिरंजीवत्यनामयः।
रोगी स्याद्विकृते, मूलमग्निस्तस्मान्निरुच्यते।।
यदन्नं देहधात्वोजोबलवर्णादिपोषकम्।
तत्राग्निर्हेतुराहारान्न ह्यपक्वाद्र रसादयः।। च.चि.१५/३–४–५

चर्चा– वरील संदर्भानुसार 'अग्नि' विचार पाहुयात.

व्यवहारात अग्निचा काय उपयोग होतो? अग्नि काय करतो? तर परिवर्तन... लोण्याचे तुपामध्ये... पाण्याचे वाफेमध्ये... हेच अग्निचे परिवर्तनाचे कार्य आपल्या आरोग्यासाठी अत्यंत महत्त्वाचे आहे असे आयुर्वेद शास्त्र सांगते. आयुर्वेदात 'जाठराग्नि' किंवा 'पाचकाग्नि' असे अग्निला नाव दिले आहे. याच अग्नीला श्रीमत् भगवद्गीतेमध्ये 'वैश्वानर' असा शब्द आला आहे. प्रत्यक्ष भगवंत, 'मी' या अग्नीच्या रूपाने प्रत्येक प्राणीमात्राच्या देहात वसतो!' असे भगवद्गीतेच्या १५व्या अध्यायात सांगतात.

शरीरातील अग्निचे कार्य पाहता त्याचे अनन्यसाधारण महत्त्व आहे. मात्र आपल्याला त्याचा विसर पडला आहे. त्यामुळे आता पुन्हा एकदा 'अग्नि'चा शोध (ग्रंथातील संदर्भ) सर्वांसमोर मांडण्याची आवश्यकता आहे.

अग्नि बद्दलचे काही प्रमुख मुद्दे –

- अग्निचे आयुर्वेद शास्त्र १३ प्रकार सांगते.
- अग्निचा जाठराग्नि/पाचकाग्नि हा मुख्य महत्त्वाचा प्रकार आहे.
- आहारीय अन्नपदार्थांचे परिवर्तन शारीरिक भाव पदार्थांमध्ये परिवर्तनाचे कार्य अग्निद्वारा होते.
- सूक्ष्मातिसूक्ष्म स्तरावरील/पेशींमधील पचनास देखील अग्निचे अन्य प्रकार पंचमहाभूताग्नि, धात्वग्नि हे मदत करतात.

'यन्नाशे नियंत नाशो, यस्मिन तिष्ठति तिष्ठति।' अर्थात अग्नि आहे तोवर शरीर आहे, त्याचा नाश झाल्यास व्यक्ती मृत पावते. याचा संदर्भ वरील भगवद्गीतेच्या वर्णनाशी जोडल्यास जिवंत शरीरातील चैतन्य आणि अग्नि यांचा संदर्भ लक्षात येतो.

तसेच प्रत्येक व्याधी निर्मितीच्या मुळाशी अग्निच्या विकृतीचा विचार करावा लागतो. 'रोगी' स्याद्विकृते...' यानुसार अग्नि विकृत झाला की व्याधी निर्मितीस आरंभ होतो. म्हणजे आरोग्य रक्षण करण्यासाठी (आजच्या भाषेत immunity booster म्हणून) कोणत्याही बाहेरील द्रव्याची आवश्यकता खरोखर आहे का? असा प्रश्न आपण विचारला पाहिजे. अग्नि उत्तम तर व्याधी क्षमत्व उत्तम! ही मूळ संकल्पना सर्वसामान्यांच्या मनावर बिंबवणे गरजेचे वाटते. हे करताना सामान्यांना पटतील अशी काही उदाहरणे–

१) तयार भाकरी : कच्ची भाकरी = भाजणे, बासुंदी : दूध = आटणे, भात : तांदूळ + पाणी = शिजणे

यापैकी सर्व प्रक्रियेत आपल्याला अग्नि संपर्क किती महत्त्वाचा आहे हे समजते. केवळ तांदूळ आणि पाणी एकत्र केले आणि अग्नि संपर्क आला नाही तर भात शिजेल का?

२)

आहारीय पदार्थ :	शारीरिक भाव :
दूध	रस
वरण	रक्त
बटाटा	मांस
तेल	मेद
भाकरी	अस्थि
लोणी	मज्जा
तूप	शुक्र

आहारीय पदार्थांचे शारीरिक भाव पदार्थात परिवर्तन म्हणजेच 'पचन' घडवणारा मुख्य घटक म्हणजे 'अग्नि'.... ! 'अग्नि'द्वारा पचन जर व्यवस्थित होऊ शकले नाही तर अन्न न पचता तसेच पडून राहाते. (त्याला आयुर्वेदात आम म्हणतात) हेच न पचलेले अन्न/आम व्याधी निर्मितीचे मूळ कारण आहे हे आयुर्वेद शास्त्र सांगते.

निरीक्षण – आलेल्या सर्व रुग्णांचे आयुर्वेदीय पद्धतीने परीक्षण करताना जेवणाची वेळ, पदार्थ, आवडीचे पदार्थ इत्यादी सर्व विचारले जाते. त्या माहितीच्या आधाराने विशिष्ट रुग्ण संख्येचे (random selection द्वारा) परीक्षण केले. त्यानुसार, 'अग्नि' या शारीर भावाकडे लक्ष देणारे आणि दुर्लक्ष करणारे असे दोन प्रकार निदर्शनास आले. त्यापैकी अग्निकडे दुर्लक्ष करणारे रुग्ण पुन्हा दोन प्रकारच्या गटात अभ्यासार्थ वर्गीकृत करण्याचा प्रयत्न केले आहे. उपलब्ध रुग्णांच्या माहितीनुसार त्यातील समान दिनचर्या असलेले प्रत्येकी ३० असे दोन गट केले. या गटांचे निरीक्षण पुढीलप्रमाणे–

गट १) कफ प्रधान आमनिर्मिती – ऑफिस, बँक, शाळा, सरकारी नोकरी इत्यादी सर्व ठिकाणी नोकरी करणारे पगारदार व्यक्ती दररोज सकाळी वेळ झाली म्हणून जेवण करतात. त्यावेळी भूक आहे की नाही हा विचार फार कमी जण करतात.

'वयोऽहोरात्री भुक्तानां तेन्तमध्याऽदिगाः क्रमात्।' या अष्टांग हृदयातील श्लोकात सांगितल्याप्रमाणे कफ, पित्त तथा वात यांचा दिवसा प्रादुर्भाव असलेला काळ सकाळी ६ ते १०, दुपारी १० ते २, दुपारी २ ते सायंकाळी ६ असा क्रमाने असतो.

बहुतांश वेळा सकाळच्या वेळातील आहार सेवन करताना अग्नि प्रदीप्त नसल्यास अपचित स्वरूपातील अन्नाची अर्थात आमाची निर्मिती होते. त्या निर्माण झालेल्या आमाचे परीक्षण करावयाचे झाल्यास त्यात तुलनेने कफ दोषाधिक्य आढळते. त्यातून कफप्रधान प्रतिश्याम, श्वास, ग्रहणी, कुष्ठ,संधिगत वायू आदी व्याधींची निर्मिती अन्य हेतु नुसार होते.

अशा कफप्रधान आम निर्मितीमुळे उद्भवलेल्या व्याधींनी ग्रस्त ३० रुग्णांच्या संचाचा अभ्यास येथे मांडण्याचा प्रयत्न केला आहे. कफ पश्चात आमनिर्मिती मुळे उद्भवलेले व्याधी ३३% कुष्ठ, २६% ग्रहणी, २०% प्रतिशाय, १३% संधीगत वात आणि २% अन्य असे होते.

गट २) वात प्रधान आमनिर्मिती – व्यावसायिक मंडळी वेळ होऊन गेली, भूक लागून गेली; परंतु वेळ नाही म्हणून उशीरा जेवण करतात. भूक मारून नेण्यासाठी कधी चहा, कधी पाणी तर कधी शीत पेये यांचा वापर केला जातो. किंवा काही जण काहीच घेत नाहीत. मात्र ज्यावेळी आहार सेवन केला जातो त्यावेळी भूक मंदावलेली असते. अशा मंद अग्नीवर ज्या अन्नाच्या आहुती दिल्या जातात त्यांचे यथोचित पचन होऊ शकत नाही. त्यातूनही पुन्हा अपाचित अन्नरस अर्थात आम तयार होतो.

वरील संदर्भाप्रमाणे या आमाच्या परीक्षणात वात दोषाचे अधिक्य आढळते. वाताच्या काळात अग्निमांद्य असताना भोजन करणे किंवा सतत असलेल्या आहार सेवनाच्या वैषम्याने वात प्रधान अशा आमाची निर्मिती होते. त्यातूनच अन्य हेतु नुसार पित्ताच्या किंवा कफाच्या अनुबंधाने कुष्ठ, ग्रहणी, कृमी, संधीगत वात इत्यादी व्याधींची निर्मिती झालेली पाहायला मिळते.

अशा वातप्रधान आम निर्मितीमुळे उद्भवलेल्या व्याधींनी ग्रस्त ३० रुग्णांच्या संचाचा अभ्यास येथे मांडण्याचा प्रयत्न केला आहे. वातप्रधान आम निर्मितीमुळे उद्भवलेल्या व्याधी ३३% संधीगत वात, ३०% शिर:शूल, १६% ग्रहणी, १३% कुष्ठ आणि ८% अन्य असे होते.

निष्कर्ष –

- अग्नि मंद असताना सेवन केलेले अन्न अपचित स्वरूपात (आम स्वरूपात) शरीरात विषवत् कार्य करते.
- व्याधीचा मुख्य हेतु असलेला 'आम' निर्माण होताना जी दोष स्थिती असते ती पुढे निर्माण होणारा व्याधी ठरविते.

● व्याधी निदान करताना 'आहार सेवनाची वेळ' या कारणाचा प्रामुख्याने विचार करता येतो.

आजच्या काळात कामाला, करियरला, पैशाला महत्त्व अधिक दिले जाते. त्या सर्व व्यापामध्ये ज्या अन्नाकरिता सर्व धडपड असते त्या अन्नाच्या सेवनाला अर्थात जेवणाला दुय्यम स्थान दिले जाते. वेगवेगळ्या वेळेत जेवण हे देखील अग्नि विकृती पर्यायाने दोष दुष्टी घडवून आणते. हीच दोष दुष्टी पुढे व्याधी निर्मितीचे प्रमुख कारण ठरते.

त्यामुळे जेवणाच्या वेळेचे नियोजन 'अन्न पचेल अशा वेळी' करणे प्रत्येकाला गरजेचे आहे. अशा प्रकारे नियोजन करणे म्हणजेच 'अग्नि'चा विचार. अशाप्रकारे नियोजन करताना खालील मुद्द्यांचा उपयोग होऊ शकतो–

– भूक लागल्यावर जेवावे ; वेळ झाली म्हणून नाही.
– भुकेपेक्षा अधिक किंवा कमी जेवणे हे दोन्ही टाळावे.
– येता जाता (भुकेचा/अग्निचा विचार न करता) खाणे टाळावे.

आणखी एक तात्त्विक मुद्दा सर्वांनी व्यवहारात लक्षात घ्यायला हवा. 'अहं वैश्वानरो भूत्वा...' या संदर्भात आपण अर्थ पाहिला की भगवंत स्वतः अग्नीच्या रूपाने आपल्या देहात वास करतात.

अग्निकडे दुर्लक्ष केल्यास शरीरात रोग (व्याधी) निर्माण होतो. याचाच अर्थ अग्निरूपी भगवंताकडे दुर्लक्ष झाल्यास व्यवहारात व्याधीस सामोरे जावे लागते. (परमार्थात भगवंताचे विस्मरण होणे यालाच दुःख किंवा व्याधी म्हटले जाते.) या निमित्ताने हे सर्वांनी मनात पक्के समजावून घ्यावे की, चैतन्यरूपी भगवंताची शरीरातील ओळख म्हणजे 'अग्नि'. या अग्निरूपी भगवंताची ओळख ठेवल्यास सर्वांना आरोग्याची प्राप्ती होणार हे नक्की.

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२) चरक संहिता चिकित्सा स्थान १५/३ ते ५
३) सुश्रुत संहिता सूत्रस्थान २१/८
४) अष्टांग हृदय सूत्रस्थान १/८
५) अष्टांग संग्रह सूत्रस्थान १/१२

Yonivyapad And Its Relevance In Female Infertility - A Review

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Introdction - Rutu, kshetra, ambu, bija are four factors form garbha. Abnormality in any of above components cause infertility in female. Yonivyapad mainly deals with disorder of female genital tract. Disorder of female genital tract are described under twenty Yonivyapad based on vitiation of doshas and dushyas. A specific group of the diseases of women i.e. yonivyapadhas been mentioned in ayurvedic classics, which disrupts the women in various ways. Health care of woman is very important. Any disorders that hampers the general, mental as well as the reproductive health of woman should be considered with care and required medical attention. Female body is highly complex and delicate. Because of special reproductive role, women are at risk of some distinct female disorders. As the Stree is mula of reproduction; Stree is important part of our society and family. Nature has given special role to Stree to become mother. Description of some types of yonivyapad in charak samhita gives us knowledge about cause of female infertility. Acharna, Aticharna, Putraghni, Antarmukhi, Suchimukhi, Vamini, Shandhi, Vanda are the types described by charak which are cause of female infertility.

Aims and objectives - To study cause of female infertility according to ayurvediya concepts of yonivyapada.

Materials and methods - Information related to female infertility was reviewed from

classical ayurvedic texts.

Clinical interpretation of Yonivyapad in terms of female infertility -

• **Acharna yonivyapad -** Due to non cleanliness of vagina parasites/microbes develop and produce itching. Due to itching women feels excessive sexual desire. Dalhana has clarified that fertilization does not occure in such women. Acharya states there is dominance of kapha dosha.

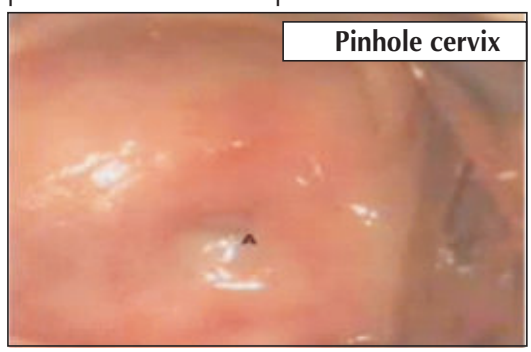
• **Aticharana yonivyapad -** Acharya Sushruta said that this disease is caused due to excessive coitus. The woman does not achieve conception. Charaka and Vagbhata describe it to be Vataja, while Sushruta stated that due to Kapha. In initial stage due to intense sexual desire, woman may feel vaginal itching and due to repeated coitus may have exessive mucoid unctuous secretion from cervical and endometrial glands, which are clinical features of Kapha as explained by Sushruta.

• **Vamini yonivyapad -** Acharya Charaka says that in this condition shukra is expelled with or without pain within 6 or 7 days of its entry into the uterus. This condition can be found in obstruction of cervix or fallopian tubes in which sperm comes outside without fertilization. While as per Acharya Sushruta yoni excretes beeja admixed with raja and vata which can be compared with defect in implantation. Both the conditions are cause of infertility.

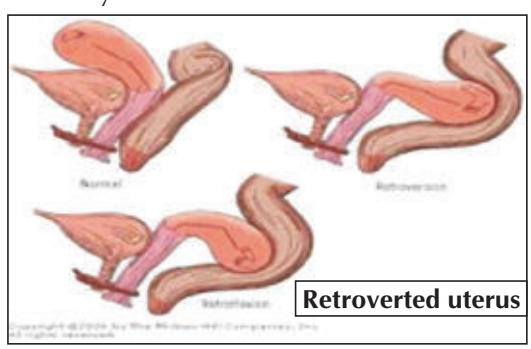
• **Putraghni yonivyapad -** The aggravated Vata due to Ruksha guna and dushta shonita, repeatedly destries the foetus. In this condition male foetuses predominates, thus it term as putraghni. Acharya sushrut says foetuses after attaining stability are repeatedly destroyed due to bleeding and pitta dosh.

• **Shandhi yonivyapad -** Due to abnormalities of beeja the Ashaya (uterus) of the female fetus is influenced or afflicted with Vayu. The born child, in later had absence or very slight development of breasts, dislikes coitus and absence of menstruation.

• **Suchimukhi yonivyapad -** Aggrevated vayu due to its dryness vitiates yoni of female fetus, thus, the orifice of yoni becomes very narrow. Acharya Sushrut said that there is presence of all three doshas in suchimukhi yoni. There is dryness and pain due to vata, burning sensation due to pitta and itching and unctuousness due to kapha.Due to excessive narrowing of cervix there is problem in ascends of sperm.



• **Antarmukhi yonivyapad -** Antarmukhi yonivyapad can be compared with retroverted uterus. It is due to vat dosha. There is severe pain in yoni and presence of dyspareunia which may lead to female infertility.



• **Vandhya yonivyapad -** Sushrut states that in vandhyayoni the artava is destried. Dalhana has explained that the only difference in

shandi and vandhya yonivyapad is absence or presence of developed breast respectively.

Treatment for yonivyapad -

Treatment of Acharana - For the cure of Acharana, a piece of silk cloth impregnated for 21 times with cow's bile or fish- bile, and kept inserted into the vaginal tract. Similarly, for the cure of this ailment, the powder of yeast mixed with honey may be kept inside the genital tract. This cleanses the genital tract and removes itching, sloughening as well as oedema in the vagina.

Treatment of Prakcharana and Aticharana - In Prakcharana and Aticharana, the patient is given Asthapana and Anuvasana Basti with the medicated oil cooked for 100 times with Vata balancing medicines. Thereafter, Swedana is appropriately given with fat, food preparations and Upanaha (hot poultice) prepared with drugs which alleviates Vayu.

Treatment of Vamini - The Samyava (Utkarika or thick gruel) prepared of Shatahva, Barley, wheat, yeast, Kushta (Saussurea lappa), Priyangu (Callicarpa macrophylla), Bala (Sida cordifolia), Akhu Parnika and Sryahva (Gandhabhiroja) is kept inserted in the genital tract [which helps in the embedment of the embryo in the uterus of the woman suffering from Vamini.

Treatment Antarmukhi and Suchimukhi yonivyapad - All the measures capable of suppressing the vata should be used. Local application of poultice of yava, godhum, kinva, shatapushpa, priyangu, bala, akhuparni, kushta are described.

Treatment Shandhi yonivyapad treatment - Laghuphalaghruta is described under general treatment should be used in shandhi yonivyapad .

Putraghi yonivyapad - Uttarbasti with medicated ghruta with the decocation of kashmari and kutaja should be given.

Conclusion - Above mentioned types of yonivyapada give us knowledge about cause of female infertility there prognosis and treatment. It also gives knowledge about dominance of doshas and dushyas in particular yonivyapad and treatment according to doshas and dushyas. After achievement of healthy state of Yoni (reproductive system) with the help of treatment, conception occurs with the union of healthy bija (Shukra or sperms and Shonita or ovum) possessing all its normal qualities and discendance of Jiva propelled by the deeds of previous life, is the opinion of Charaka and Vagbhata.

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5) Ayurvediya prasuti Tantra evam streeroga, part2, Prof. Premvati Tiwari, Choukhambha Publication.

Congratulations!

Dr. Mihir Hajarnavis

Dr. Mihir Hajarnavis, Member- Ayurvidya Masik Samiti has been appointed as Member, Board of Studies in Pre and Para Clinical Subject under the faculty of Ayurved of Dr. D. Y. Patil Vidyapeeth, Pune for a term of three years from April 2021.

Rashtriya Shikshan Mandal, Ayurvidya Masik Samiti and Tilak Ayurved Mahavidyalaya congratulate Dr. Hajarnavis and wish successful future ahead!

चिकित्सा दृष्टिकोनातून- समानवायू महत्त्व

डॉ. अनुप चंद्रकांत महाजन,
सहाय्यक प्राध्यापक, रोगनिदान विभाग, श्रीमती के. सी. अजमेरा आयुर्वेद महाविद्यालय, देवपूर, धुळे.

प्रस्तावना– आयुर्वेदात व्याधींची चिकित्सा करताना कोणता दोष कोणत्या स्थानात प्रकुपित आहे तसेच अवस्था कोणती आहे याचा बारकाईने विचार करावा लागतो व त्यानुसार औषधी योजना करावी लागते मुख्यतः व्यानोदान काळात व अपान काळी औषधी योजना बहुतांश वेळा दिली जाते. समान काळाचा पाहिजे तसा उपयोग केला जात नाही. वाग्भटांनी समानाचे स्थान ग्रहणी जवळ सांगितले आहे त्यामुळे ज्या ज्या व्याधींमध्ये ग्रहणी दुष्टी किंवा अग्नी दुष्टी असेल त्या त्या वेळेला समानाचा विचार करणे आवश्यक ठरते. पुढील लेखात समान वायू वर जो काही उहापोह केलेला आहे. त्यावरून त्यांचे चिकित्सेतील महत्त्व सिद्ध होते.

विमर्श/ चर्चा– आयुर्वेदात त्रिदोषांचे वर्णन करताना त्यांचे प्रत्येकी ५ उपप्रकार सांगितले आहेत. त्यातच वाताचे उपप्रकार वर्णन करताना प्राण, उदान, व्यान, समान व अपान हे ५ प्रकार त्यांचे स्थान व कार्यासहित वर्णन केले आहेत.

प्राणोदानसमानाख्यव्यानापानैः। [१] **च.चि.२८/५**

या लेखात आपण समान वायू दुष्टी व त्यापासून उत्पन्न होणारे व्याधी पाहणार आहोत.

स्थान –

समानोऽग्निसमिपस्थः कोष्ठे चरति सर्वतः। [२] **अ.हृ.सु.१२/८**

समानाचे स्थान सांगताना जाठराग्नी समीप राहणारा व संपुर्ण कोष्ठात फिरणारा असे वर्णन वाग्भटानी केले आहे. चरकांनी वर्णन करतांना विशेष स्थानांचे वर्णन केले आहे.

स्वेद्दोषांबूवाहिनी स्त्रोतान्सी समधिष्ठीतः।अन्तराग्नेश्च पार्श्वस्थः समानोऽग्निबलप्रदः।। [३] **च.चि. २८/८**

स्वेद, वातादी दोष, द्रव पदार्थांचे वहन करणारे स्त्रोतस व जठराग्नी जवळ राहून त्याचे बल वाढवतो. सुश्रुतानी

आमपक्वाशयचरः समानो वन्हीसंगतः। [४]

म्हणजे आमाशय व पक्वाशयमध्ये गती करणारा व जठराग्नी सोबत राहून पचन क्रियेला मदत करणारा असे वर्णन केले आहे. यावरून असे लक्षात येते कि ज्याप्रमाणे चुलीतील अग्नी पेटविण्यासाठी फुंकणीच्या सहाय्याने हवा मारून वाढविला जातो किंवा जसे वाहत्या हवेमुळे एका ठिकाणी लागलेला वणवा सर्व दूर पसरविला जातो. त्याप्रमाणे समान वायू हा जठराग्नीला संधुक्षित ठेवण्यासाठी मदत करत असतो.

कार्य – अन्नं गृण्हाति पचति विवेचयति मुन्चति। [५] **अ.हृ.सु. १२/८**

सोऽन्नं पचति तञ्जाश्च विशेषान् विविनक्ती ही। [६] **सु.नि. १/१६**

वरील श्लोकातून असे समजते की समान वायू हा अन्नाचे ग्रहण करणे नंतर अन्नाचे जाठराग्निच्या सहाय्याने पचन करण्यास मदत करणे त्या पचलेल्या आहाराचे नंतर रस, मल, मुत्राच्या रूपात विभाजन करून त्या त्या स्थानावर त्यांना सोडून देण्याचे काम करतो. अष्टांग संग्रहकार अजून सूक्ष्मतेने विचार करतांना दिसतात समान वायूचे कार्य वर्णन करतांना ते म्हणतात.

पक्वमाशयादोष मल शुक्रार्तवाम्बूवहः स्त्रोतोविचारी तदवलंबनान्नधारण

पाचन विवेचन किट्टाधोनायानादिक्रियः। [७] **अ.सं.सु. २०/२**

म्हणजे समान वायू आमाशय पक्वाशय दोष, मल, शुक्र, आर्तव, अम्बु (जल, रस) यांच्याबरोबर स्त्रोतसांमध्ये संचार करून त्यात अन्नाचे धारण करणे, पचन करणे, विवेचन करणे (सार किट्ट विभाजन) व किट्ट भाग शरीरातून खाली नेणे हि कार्य करतो यावरून असे लक्षात येते की समान वायूचे कार्य जाठराग्नी जवळ राहून स्थूल पचन करणे एवढे नसून धात्वाग्निचेही संधुक्षण करून धातू पचन व्यापार सुरळीत ठेवणे हे सुद्धा आहे. परंतु जर समान, वायू प्रकोपक कारणे जर घडली जसे

समानो विषमाजीर्णशीत संकीर्णभोजनैः।

करोत्यकालशयन जागराद्यैश्च दुषितः।। [८] **अ.हृ.नि. १६/२५,२६**

विषम भोजन, अजीर्नामध्ये भोजन, शीत भोजन, संकीर्ण भोजन तसेच अवेळी झोपणे व उठणे यामुळे समानवायूमध्ये विकृती उप्तन्न होऊन सारकिट्ट विभाजन व्यवस्थित होत नाही. पचन बिघडल्यामुळे सार धातू उत्पन्न होण्याऐवजी मलभाग हाच जास्त उत्पन्न होताना दिसतो. त्यामुळे खालील व्याधी उत्पन्न होतांना दिसतात

गुल्माग्निसादातीसार प्रभृतीन् कुरुते गदान्।। [९] **सु.नि. १/१६**

शूलगुल्मग्रहण्यादीन् पक्वामाशयजान् गदान्।। [१०] **अ.हृ.नि. १६/२६**

समान वायू अग्निसाद, गुल्म, ग्रहणी, अतिसार, शुल आदी पक्वाशय जनित रोगांना उत्पन्न करतो. तसेच संग्रहकारांनी समान वायूचे स्थान सांगतांना शुक्रवह, आर्तववह, अम्बुवह हे ज्या स्त्रोतासांचे वर्णन केले आहे. त्या

स्त्रोतासांच्या व्याधीचेही पक्वाशय जनित रोगांमध्ये अंतर्भाव होतो.

तत्र पक्वाशये क्रुद्ध शूलानाहान्त्रकूजनम्।
मलरोधाश्मवर्ध्मार्शस्त्रिक पृष्ठकटीग्रहम् करोत्यधरकाये च
तान्सान कृछ्रानुपद्रवान्।।[११] **अ.ह्.नि. १५/७**

'करोत्यधरकाय च' ह्या शब्दामध्ये शुक्रवह, आर्तववह, अम्बुवह(मुत्रवह) स्त्रोतासांचा समावेश होईल. त्यामुळे समान वायूचे जे दुष्टी हेतू वरील श्लोकात सांगितले आहे तेच हेतू आपल्याला ग्रंथामध्ये सापडतात.

चिकीत्सीय दृष्टीकोनातून महत्त्व – आयुर्वेदात चिकित्सा देतांना भोजनाच्या दृष्टीकोनातून औषध सेवन काल सांगितले आहे. त्यात समानवायू कुपीत झाल्यास 'मध्यभक्त' म्हणजेच जेवणाच्या मध्ये औषध घेणे हा काल सांगितला आहे.

अन्नादौ विगुणेऽपाने, समाने मध्य इष्यते।[१२] **अ.ह्.सु. १४/३८**

अग्निसाद, आध्मान, शुल, ग्रहणी या व्याधीत पाचक व ग्राही औषध समान काळी देऊ शकतो. खासकरून ज्यांना गॅसेसच्या तक्रारीवर अपान काळी औषध देऊन फरक पडत नाही. त्यांना समान काळी औषध दिल्यास चांगला फायदा मिळतो हे अनुभवावरून सिद्ध झाले आहे. पचन बिघडल्याने मुख्यतः जे व्याधी उत्पन्न होत आहे जसे ग्रहणी, अतिसार, प्रवाहिका, शुल, गुल्म ह्या व्याधीमध्ये इतर काळी औषध न देता समानकाळी औषध दिल्याने लवकर फरक पडतांना दिसतो. समानवायूची व्याप्ती हि पक्वशया पर्यंत असल्याने तसेच आयुर्वेदानुसार मुत्राची उत्पत्ती पक्वशयामध्ये असल्याने मुत्रवह स्त्रोतासाच्या व्याधीमध्ये समान काळी औषधी योजना करू शकतो. प्रमेह हा व्याधी सुद्धा मुत्रव्ह स्त्रोतासाचा असल्याने वारंवार मुत्रप्रवृत्ती असताना समान काळी गाठी औषधी योजना केल्यास उपशय मिळू शकतो.

वारंवार मलावष्टभाची तक्रार असताना व ज्यांना अनुलोमकर औषधे घेऊनही फरक पडत नाही अशा रुग्णांमध्ये अनुलोमक औषध सोबत पचन सुधारण्यासाठी अपान काळी किंवा स्वप्न काळी (रात्री झोपतांना) औषध देण्याऐवजी समान काळी औषध द्यावे.

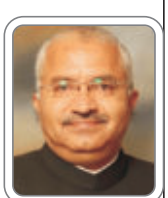
समान वायू जठराग्नी सोबत धात्वाग्नीचे ही संधुक्षण करत असल्याने धातू पोषण सुधारण्यासाठी तसेच शरीर बल प्राप्त होण्यासाठी समान काळी औषधी योजना करावी.

निष्कर्ष – आजच्या युगामध्ये जेथे स्ट्रेस, टेन्शन, कामाचा ओव्हर लोड, रात्री पाळी काम करणे त्यामुळे जेवणाच्या वेळा चुकणे अशा दिनचर्येमुळे पचनाच्या तक्रारी उद्भवल्याने व परिणामी ग्रहणी, अर्श, मलावष्टंभ, प्रमेह, हृदरोग, ब्लड प्रेशर, यासारखे व्याधी निर्माण होत असल्याने चिकित्सेमध्ये समान वायूचा विचार महत्त्वाचा ठरतो.

संदर्भ– १) चरक संहिता/चिकित्सा स्थान/भाग २/डॉ. ब्रह्मानंद त्रिपाठी/चौखंबा प्रकाशन/ एडिशन २०११/अध्याय २८/श्लोक ५
२) अष्टांग हृदय/सूत्रस्थान/कविराज अत्रीदेव गुप्त/चौखंबा प्रकाशन/एडिशन २०१९ /अध्याय १२/श्लोक ८
३) चरक संहिता/चिकित्सा स्थान/भाग २/डॉ. ब्रह्मानंद त्रिपाठी/चौखंबा प्रकाशन/ एडिशन २०११/अध्याय २८/श्लोक ५
४) सुश्रुत संहिता/निदान स्थान/भाग १/डॉ. अंबिकादास शास्त्री/चौखंबा प्रकाशन/ एडिशन २००९/अध्याय १/श्लोक १६
५) अष्टांग हृदय/सूत्रस्थान/कविराज अत्रीदेव गुप्त/चौखंबा प्रकाशन/एडिशन २०१९ /अध्याय १२/श्लोक ८
६) सुश्रुत संहिता/निदान स्थान/भाग १/डॉ. अंबिकादास शास्त्री/चौखंबा प्रकाशन/ एडिशन २००९/अध्याय १/श्लोक १६
७) अष्टांग हृदय/सूत्रस्थान/भाग १/डॉ. प.ग. आठवले/ दृष्टार्थमाला प्रकाशन/एडिशन १९९६ /अध्याय २०/श्लोक २
८) अष्टांग हृदय/निदान स्थान/कविराज अत्रीदेव गुप्त/चौखंबा प्रकाशन/एडिशन २०१९ /अध्याय १६/श्लोक २५,२६
९) सुश्रुत संहिता/निदान स्थान/भाग १/डॉ. अंबिकादास शास्त्री/चौखंबा प्रकाशन/ एडिशन २००९/अध्याय १/श्लोक १६
१०) अष्टांग हृदय/निदान स्थान/कविराज अत्रीदेव गुप्त/चौखंबा प्रकाशन/एडिशन २०१९ /अध्याय १६/श्लोक २६
११) अष्टांग हृदय/निदान स्थान/कविराज अत्रीदेव गुप्त/चौखंबा प्रकाशन/एडिशन २०१९ /अध्याय १५/श्लोक ७
१२) अष्टांग हृदय/सूत्रस्थान/कविराज अत्रीदेव गुप्त/चौखंबा प्रकाशन/एडिशन २०१९ /अध्याय १४/श्लोक ३८

श्रद्धांजली

वैद्य महेंद्र शर्मा ह्यांचे दुःखद निधन



पुण्यातील सुप्रसिद्ध सिद्धहस्त वैद्य श्री. महेंद्र शर्मा ह्यांचे नुकतेच दि. १५-५-२०२१ रोजी दुःखद निधन झाले.

टिळक आयुर्वेद महाविद्यालयातून बी.ए.एम.एस. पदवी व एम.डी. (आयु.) पदव्युत्तर पदवी घेतल्यानंतर त्यांनी रास्ता पेठेत यशस्वी आयुर्वेद चिकित्सक म्हणून प्रसिद्धी मिळविली. टिळक आयुर्वेद महाविद्यालयात स्वस्थवृत्त विभागात अध्यापनाचे काम त्यांनी केले. तसेच ताराचंद रुग्णालयात चिकित्सक म्हणून रुग्ण सेवा केली.

राष्ट्रीय शिक्षण मंडळ, टिळक आयुर्वेद महाविद्यालय, ताराचंद रुग्णालय व आयुर्विद्या मासिक समितीच्या वतीने वैद्य महेंद्र शर्मा ह्यांना श्रद्धांजली.

डॉ. सुनंदा रानडे व डॉ. सुभाष रानडे फौंडेशन तर्फे उत्तेजनार्थ पारितोषिक प्राप्त लेख...

Efficacy Of 'Yashtimadhwadi Taila' Nasya In Hair Fall - A Case Report

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Introduction - Black, Brown thick long hairs is considered to be one of the factor of general health. It indicates the fitness and delayed aging process in above 40 persons. It is the main parameter in the assessment of physical beauty in women. Over thousands of products in terms of oil, shampoos, etc. use to sell by cosmetic industries to provide healthy and shiny hairs in humans. It has led to a great revolution in the cosmetic industries.

Generally growth of hair or its cycle is consists of three phases. The first one is the active phase, also termed as Anagen phase. Here, replacement of old hair by newly growth hair is seen which continues for a limited time period. The second phase is known as Catagen phase, in which transition is seen from active hair to resting hair. This phase continues till three weeks. Third phase is Telogen, when hair will present in scalp in steady manner and can be extracted while grooming. Even, during this phase the hair is steady in this phase while the growth of new hairs followed by shedding of old hairs. This phase can present up to 90 days. The hair cycle in human scalp is allochronic production of the active and resting hair. Its assumed that in anagen phase scalp consists of "87-90%" of hairs, 1% in catagen phase and "10-13%" in telogen phase. Generally average human being lose around 50-100 hairs daily which may or may not be the part of its growth and development.

Proper history should be taken to evaluate and to establish the differential diagnosis and treatment algorithms for hair loss. History should start with analyzing the duration and hair loss pattern. The evaluation of patterns like shedding or thinning of hair is a key factor in differentiating the common disorders like telogen effluvium and androgenetic alopecia. Mainly cause of hairfall is due to Telogen effluvium, Androgenetic alopecia, Alopecia areata, Trichotillomania, Tineacapitis, etc. Mostly it is due to androgenic alopecia where drecrese in adrogens are noticed. Other causes like Dieting / hypoproteinemia, Thyroid dysfunction, Iron deficiency, Malabsorption, Drug side-effects, etc.

In Ayurveda we come across with the description of hair at various points. Scattered references are present in various classical texts regarding scalp hairs. First it has been considered as byproduct or mala of Asthidhatu where after being converted through asthidhatvagni, asthidhatu converted into poshyaasthi which will provide nutrition to form asthidhatu, poshakdhatu which will be responsible in majjadhatu formation and third one is its mala that is nakha i.e nails and kesha or hairs. So grossly health of hairs is depends upon the normalcy of Asthidhatu. For hairfall various causes are quoted in classics. Excess salt intake, vitiation of raktadhatu, excess intake of amla i.e. sour things, exposure to ushnaguna, intake of ksharas, etc. are the factors which causes hairfall. Vitiation of rasa dhatu results in palitya i.e greying of hairs. This suggests lack of nutrition to the hairs which in progression will lead to hair fall. In this case study by analyzing all the above factors yashti madhvadi taila intervention is given in hairfall, where it is found to be efficacious. There is decrease in hairfall is seen resulting into improvement in thickness and dark texture of hairs.

Materials and Methods - Materials -

Ingredient	Botanical name	Part used
Yashtimadhu Churna	Glycyrrhiza glabra lin	Root
Dhatri Phala kalka	Emblica officinalis	Fruit
Tila Taila	Sesamum indicum	Oil
Godugdha	Cow's milk	Milk

Methodology - Preparation of Yashti madhwadi Taila - 1) Sneha Dravya Tila taila, 200 ml. 2) Drava Dravya Godugdha, 800 ml. 3) Kalka Dravya Yashti churna and Dhatri phala kalk 25 gm each.

All ingredients are taken in a vessel and put on low flame. A mixture is continuously is stirred. A medicated oil is heated till madhyama paka of tailasiddhi is achieved. Later it is filtered and allowed to cool naturally. Later it is filtered and used for pratimarsha nasya on daily basis.

Case Report -

Case Study - A 29 years of male patient resident of Chiplun, Maharashtra came to the opd. He was complaining about hairfall which was gradually developed since last 2 years. This seems to be increased more since last 2-3 months as he has noticed more number of hairs on his towel and in bathroom while taking bath. He is also observing bald scalp skin on forehead since last two months which was absent previously. On evaluation of proper history regarding this there is no evidence of hereditary baldness in family. So by analyzing vitals which were normal further treatment was planned.

Intervention - Nasya with Yashtimadhwadi taila was planned on empty stomach daily in the morning time. 4 drops in each nostril was planned daily after taking bath. It was given for 120 days. There was no any adverse event noted during this whole intervention.

Discussion - On evaluation of history it is observed that he habitually consumed pitta aggravating dietary factors, especially pickles in excess quantity. Pickles are salty, sour and spicy in nature. All these rasas are responsible for pitta aggravation which ultimately landed into pitta vruddhi, rasa, rakta, asthi and shukra dushti. Pitta arrived at hair follicles associating with vata makes the hairs to fall off and baldness takes place.

Yashtimadhwadi taila is prepared with yashti, dhatri, tila taila and processed with milk. Yashti has sheeta veerya and madhura rasa which alleviates pitta. It has keshya property by which it provides strength to hair roots. Yashti is explained in sandhaneeya, jeevaniya mahakashaya of charaka samhita. These properties help to make stronger bond of hair follicles with scalp and also to regenerate new hair. Dhatri has sheeta veerya and has pacifies all three doshas. Dhatri, yashti and milk has rasayana property. By this property these three help rejuvenation of body cells. Yashti, dhatri and milk has brihana property, brihana gives adequate density and thickness to hair and thus avoids recurrent hair loss.

Nasal cavity is explained as entrance of head. This is the closest mode of administration of drug to work for growth of hair. Apart from oil massage it heels damaged hair follicles internally and helps to regrow new hair follicles. A medicated oil with yashti, dhatri and milk has combined properties of all these three ingredients. Nasya of this oil shows maximum of its action on head.

Result - After three months patients follow up was takes for hair loss. New healthy hair follicles were found. Dense and thick hair roots were observed in case of new hair follicles as compared to previous one.

Conclusion - Nasya of 'Yashtimadhwadi taila' is benefitial in hair loss due to pitta and vata dominant dosha imabalance.

'Yashtimadhwadi taila' shows its effect on thickening of hair roots and regeneration of

new hair follicles.

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Interprofessional Education - A Need Of Time

Vd. Purushottam Shastri Nanal Essay Competition 2020 - Prize Winner Essay

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First of all, let's understand the meaning of interprofessional education. It indicates the collaboration and coordination between various different professions. It promotes the group discussion and trading of knowledge. We come to know several new things which are unknown to us or which don't come in our mind by discussing things with each other. This leads to the generation of new ideas because someone has already said that-

'Invention is the mother of necessity'

Interprofessional education is a team work. The advantage of team work is that it covers the minus points of members and promotes the plus points of each other. Also it not only enchances personal development but also social development. It is a great combination of co-operation, collaboration and co-ordination.

The great application of interprofessional education is in our medical profession. We can use it effectively to save patients' life. We can use modern technology which is invented by scientists. The many modern instruments like ventilator, ECG have made our work easy. Also different diagnostic laboratory tests help us for diagnosis.

A doctor can learn the important things from other professions like from advocate, he can learn laws which are essential in medical field. From scientists, he can learn to make different inventions and to make new instruments which are helpful in treating diseases. From business administers, he can learn to manage his hospital works and his schedule for attending more number of patients. From social activists, he can learn to spread his service upto uneducated, unliterated communities.

A doctor can effectively make use of interprofessional education because this is a need of time. He can make a collaboration with advocates, engineers, social workers etc. for improving the community health. They all together can make a campaign to rise a social awareness.

Before some days, I read in a newspaper about a group of youngsters from different professions who had come together to make use of their education in different fields for a better enhancement. Their work is really inspirable to us. This teaches us that from small

things, we can learn many things.

Advantages of interprofessional education in medical field are decrease in patients' length of stay, enhancement of quality of patient care, lower costs and reduce in medical errors.

The Ayurveda students like us can implement this effectively by treating patients using the basic principles from Ayurveda and modern application of Allopathy. For example - a patient of tuberculosis can be diagnosed through diagnostic tests of Allopathy like Mantoux test, Sputum analysis and through Ayurveda by finding its cause we can treat him effectively. In this way, we can treat many diseases.

Co-ordination of Ayurveda and Allopathy treatment is a need of time. Many chronic diseases which do not get cured through Allopathy can be easily cured through Ayurveda. Surgeries are done by allopathy techiniques but after surgery, Ayurveda medicines are very effective for wound healing.

If a patient of diarrohea comes to us, we have to first give him IV and also we have to give him Ayurvedic drugs for treatment of diarrohoea.

In a case of fracture, we must use Allopathy like X-ray, use of POP and also use of Sandhan Dravyas like Arjun, mentioned in Ayurveda are of great importance.

Assessment of Nadi according to Ayurveda and use of stethoscope according to Allopathy will go hand in hand for the purpose of patients' well-being.

Ayurveda students can make combination of Dravyaguna and Pharmacology which will lead to an effective treatment on patients. For example- use of Haridra for wound healing along with antibiotics.

Complex medical issues can be best handled by interprofessional teams. The interprofessional - simulation experience describes clinical team skills used to develop skills in communication and leadership.

The relation between doctor, nurse and patient can be effectively improved by this concept. Co-ordination between doctor and nurse is very important in the emergency management. Also ethics can be followed in medical profession through this. The relation between doctor and patient is very important and therefore it must be handled with care. While counselling, it is important for doctor to gain trust of patient.

In disaster management, team work is very important. Medical help can be immediately provided at the site of incidence. Due to division of labour, immediate action can be taken. Everyone can work with its full efficiency. A good co-ordination is needed in such situations and this can be achieved through interprofessional education.

Use of effective communication tools and techniques, in information systems and communication technologies to facilitate discussion and interactions that enhance team function. It is important to listen actively, encourage ideas and opinions of other team members while communicating.

The main advantage of this inter professional education is the respect towards other profession gets increased. We come to know the duties and responsibilities of the other professions. Also we come to know the value and benefits of the other profession in accordance with our own profession.

Not only Allopathy and Ayurveda but also Homeopathy, Unani, Naturopathy, Physiotherapy, Radiography can be combined for a well-being.

Recently, I have read a Sanskrit Shlok-

सुखार्थी चेत् त्यजेत् विद्यां विद्यार्थी चेत् त्यजेत् सुखम्।
सुखार्थिन: कुतो विद्यां कुतो विद्यार्थिन: सुखम्।।

Which means -

If you want comfort you should give up learning, if you desire to acquire learning you should abandon comfort. How can a person who wants comfort acquire learning ? and how can a person enjoy comfort who wants to learn ?

This Sanskrit Shlok indicates that if we have to take interprofessional education, we have to leave our comfort zone and should

take an initiative. This initiative will definitely lead to progress of everyone.

The base of interprofessional education can be started just from school level by adding its introductory part in the educational curriculum. This will direct students' mind towards collective efforts. This concept can increase the feeling of unity and equality. Now-a-days the problem of unemployment is increasing. By interprofessional education, we can create employment to empower our youth which will ultimately lead to our nation's progress. Since our country consists of majority of young people, it will be beneficial for us to implement interprofessional education. This also increases our social health. In any society, youth and social health are two important aspects. Through interprofessional education, we can effectively achieve this. Now-a-days, there are so many challenges in the world. We can overcome all these challenges by providing interprofessional education.

Everyone should know basics of other profession. This will lead to the progress of their own profession. We should maintain our uniqueness to retain ourselves in our own profession. Due to technical availabilities, we can easily grasp new skills and ideas of interprofessional education.

We can start application of inter professional education just from basic levels such as agriculture. Five to six farmers can come together. They can take degrees in B.Sc. (Agri), management, animal husbandry, etc. They can take a huge production in agriculture by coming together. Also they can do many different experiments in their field by using their education. They themselves can do their marketing and sell their products in market. Also by doing animal husbandry, they can do complementary and supplementary business to farming. In this way, we can improve our farmers' weak financial condition and can make them strong. Our India is an agriculture dominated country. Therefore by taking interprofessional education, our country will walk towards progress. Our former prime minister, Mr. Lalbahadoor Shastri said -

'Jay Jawan Jay Kisan'

This slogan indicates salutation to farmers is equal to salutation to soldiers. If a farmer will be satisfied ultimately everyone will be satisfied. A farmer is a food donor to all of us.

Building a factory requires an inter professional education. In a factory, we require engineer, businessman, raw material providing venders etc. Their combined work results into fruitful products.

Communication is the most important factor in the interprofessional education. There must be communication in the team for skillfull and accurate work. Due to effective communication, the energy of members do not get wasted and it goes in proper direction. Work load also gets divided which increases the performance of group members.

However, there may be some problems or obstructions while implementing the interprofessional education. There may be some problem while interacting with each other but we can overcome these problems by making collective efforts.

Interprofessional education teaches us to keep a broad aspect while examining and treating the patient. It improves our attitude towards patient. Also it enhances our skills. It is very important of having proper and accurate skills in this world. Because there are so many practitioners in the competition. If you have more knowledge of both your and other professions, it will be more easy to treat and council the patient. This will be possible by taking interprofessional education.

In Hindi, there is a good proverb called -

विना सहकार नही उद्धार ।

Which means -

'without cooperation, there is no progress'

This line indicates the basic principle of living of our human being. We all are dependent on each other. A single person can not live without other person's support.

Interprofessional education is based on this concept. Therefore interprofessional education is a need of time.

कार्यकारी संपादकीय

भारतातील लसीकरणाचे आव्हान

– डॉ. अपूर्वा संगोराम

भारतासारख्या १३० कोटी लोकसंख्या असलेल्या देशात सर्वांचे लसीकरण तातडीने करणे ही अत्यंत जिकीरीची कामगिरी आहे. भारताला प्रत्येकी लसीच्या दोन मात्रा द्यायच्या असल्याने किमान दोनशे तीस कोटी मात्रा उपलब्ध होणे आवश्यक आहे. वस्तुस्थिती अशी, की जगभरात जेथे जेथे वेगवेगळ्या लसींचे उत्पादन अतिशय वेगाने सुरू आहे, तो वेग एका रात्रीत वाढू शकत नाही. अमेरिका, इंग्लंड यासारख्या देशांत लसीकरण मोठ्या प्रमाणात झाल्याचे सांगितले जात असले, तरीही त्याचे मुख्य कारण या देशांची कमी असलेली लोकसंख्या. भारताच्या सुदैवाने ऑक्सफर्ड लसीचे उत्पादन कोव्हिशील्ड या नावाने भारतातच मोठ्या प्रमाणात होत आहे आणि भारताने स्वतः संशोधित केलेल्या कोव्हॅक्सिन लसीच्या उत्पादनाचा वेगही लवकरच मोठ्या प्रमाणात वाढू लागेल.

भारताने जानेवारी महिन्यात लसीकरणाला प्रारंभ केला, तेव्हा सर्वात प्रथम कोविडच्या साथीमध्ये रुग्णांवर उपचार करणाऱ्या डॉक्टर्स आणि परिचारिका यांना प्राधान्य देण्यात आले. ते योग्य आणि आवश्यकही होते. याचे कारण हे सर्वजण कोविडविरोधी लढ्याचे सेनापतीच होते. त्यामुळे त्यांना सुरक्षित करणे याला प्राधान्य मिळणे महत्त्वाचे होते. त्या पाठोपाठ साठ वर्षांवरील ज्या व्यक्तींना अन्य व्याधीही आहेत, त्यांना दिलेले प्राधान्य या देशातील अशा सर्वांच्या कोविडपासून करायच्या संरक्षणासाठी गरजेचे होते. सुरुवातीच्या काही दिवसत लसीकरणाला मिळणारा प्रतिसाद फारसा उत्साहवर्धक नव्हता, याचे कारण या लसींची परिणामकारकता नेमकी किती, याबाबत सगळ्यांच्याच मनात संभ्रम होता. परंतु जागतिक पातळीवरील शास्त्रज्ञांनी या लसींबद्दल दिलेली ग्वाही लसीकरण मोहिमेला गती देणारी ठरली. पंचेचाळीस वर्षांवरील व्यक्ती आणि नंतर अठरा वर्षे पूर्ण झालेले युवक असा लसीकरणाचा क्रम असला, तरी ज्या प्रमाणात त्याला उत्स्फूर्त प्रतिसाद मिळू लागला, त्या प्रमाणात लसीची उपलब्धता होणे अवघड होऊ लागले. एवढ्या मोठ्या लोकसंख्येला अगदी कमी कालावधीत लसीच्या दोन्ही मात्रा मिळण्यासाठी लस उत्पादक कंपन्यांनी प्रयत्नांची कितीही शिकस्त केली, तरी त्याला काही मर्यादा येणे स्वाभाविच म्हटले पाहिजे. या कंपन्यांनीही ही गोष्ट वारंवार सांगितली. त्यामुळेच अन्य देशांमध्ये संशोधित झालेल्या आणि उत्पादन होत असलेल्या लसींची आयात करण्याशिवाय पर्यायच उरला नाही. तेथेही प्रश्न उत्पादनवाढीचाच आहे. त्यामुळे लसीकरणाची ही मोहीम काही काळ खंडित होणे स्वाभाविकच. लस उपलब्ध होताच लसीकरण केंद्रावर होणारी गर्दी लक्षात घेतली, तर या देशातील सर्वसामान्यांनाही या लसीचे महत्त्व किती कळले आहे, ते सहजपणे लक्षात येऊ शकते.

कोव्हिशील्ड लस घेतलेल्यांना सुरुवातीच्या काळात २८ दिवसातच दुसरी मात्रा घेणे आवश्यक करण्यात आले. जगात या लसीच्या परिणामकारतेबद्दल संशोधन सुरूच असल्याने तिच्या परिणामकारतेसाठी दुसऱ्या मात्रेचा कालावधी वेळोवेळी वाढवण्यात आला. हे केवळ भारतातच घडले आहे, असे नाही, तर कोव्हिशील्ड लस ज्या ज्या देशांत दिली जात आहे, तेथेही याच सूचनांचे पालन होत आहे. मुळात कोविडवरील लसीचे संशोधन जगातील अनेक शास्त्रज्ञांच्या अथक प्रयत्नांमुळे विक्रमी वेळेत पार पडले. लसीच्या परिणामकारतेविषयी खात्री पटण्यासाठी आवश्यक त्या चाचण्या झाल्यानंतरच त्यांचे उत्पादन सुरू झाले. तरीही दोन मात्रांमधील कालावधीबाबतचे संशोधन सुरूच राहिले. त्यामुळेच या पुढील काळात देशातील अधिकाधिक नागरिक कोविडशी झुंज देण्याच्या तयारीत तरी राहतील. ही झुंज सुरू असतानाच कोविडच्या दुसऱ्या लाटेचा तडाखा बसण्यास सुरुवात झाली. आता त्याची तीव्रताही कमी कमी होत चालली आहे, असे लक्षात येते आहे. तरीही कोविडच्या बरोबरीने निर्माण होणाऱ्या म्युकर–मायकोसिससारख्या नव्या व्याधीने तोंड वर काढले. त्यावरील औषधे उपलब्ध असली, तरी त्याचेही उत्पादन आजवर मर्यादितच राहिले होते. आता तेही वाढवण्यावर भर देणे आवश्यक झाले आहे.

भारतासारख्या देशात आरोग्याबरोबरच इतर अनेक प्रश्न अतिशय गंभीर रूप धारण करत असतात. त्यामुळेच कोविडच्या तिसऱ्या लाटेची तयारी अतिशय वेगाने करणे आवश्यक ठरले आहे. ही तिसरी लाट लहान मुलांमध्ये पसरण्याची शक्यता शास्त्रज्ञांनी वर्तवली आहे. त्या दृष्टीने सगळ्यांनीच त्या लाटेलाही थोपवण्यासाठी कंबर कसली आहे. भारतासारख्या प्रचंड लोकसंख्या असलेला देश यातून सहीसलामत बाहेर पडेल, यात शंका नाही. मात्र त्यासाठी या देशातील प्रत्येक नागरिकाने आपल्या कर्तव्यांचे पालन अतिशय काळजीपूर्वक करायला हवे.

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उपसंपादकीय

गनिमी कावा आणि बरंच काही...

– डॉ. सौ. विनया दीक्षित

2 DG अर्थात '२डी ऑक्सी–डी ग्लुकोज' या DRDO व रेड्डीज लॅब निर्मित औषधाला आपत्कालीन वापरासाठी DCGI ने मंजूरी दिली आहे. ऑक्सीजन वर असलेल्या कोविड रुग्णांसाठी व पर्यायाने आरोग्यव्यवस्थेसाठी सद्यस्थितीत वरदानच ठरेल असे हे औषध! याच्या योग्य मात्रेने रुग्णाला ऑक्सीजनवर अवलंबून राहणे कमी होऊन; अत्यवस्थ स्थितीकडे न जाता रुग्णाचा रुग्णालयातला कालावधी उलट कमीच होण्यास मदत होईल.

Cheat the cheater या तत्त्वाने काम करणारे हे औषध! व्हायरसची संख्या वाढण्याच्या प्रक्रियेसाठी जी खाद्यशक्ती ग्लुकोज स्वरुपात प्रायः लागते, तिचा 2DG हा फसवा अवतार आहे. रसद न मिळाल्याने आपोआप व्हायरसच्या सैन्याची वाढच थांबते. मग शरीरातील 'अँटीबॉडी' अर्थात संरक्षक सैन्य या निर्बळ करोनानामक गनिमांचा निःपात सहजपणे करू शकते.

पुणेरी संस्थेच्या संशोधनातून विकसित हे औषध कोविड–१९ च्या विषाणूचा संसर्ग कमीत कमी वेळात रोखण्यासाठी निश्चितपणे उपयुक्त ठरेल अशी आशा आहे. सामान्य माणसाला सहज झेपेल अशाच किंमतीत लवकरच ते बाजारात ही येईल.

याचबरोबर गुजराथचे प्रतिथयश न्युमोनिया तज्ज्ञ ज्येष्ठ डॉक्टर गोळवलकरांनी कोविड प्रतिबंधात्मक उपाय व काळ्या बुरशीला अटकाव करणारा सहज उपलब्ध उपचार पद्धती व्यवहारात आणली आहे. आजपावेतो ७ हजाराहून अधिक रुग्ण ह्यांनी बरे केलेत त्यात एकही मृत्यू नाही किंवा mucormycosis अर्थात भयंकर काळ्या बुरशीचा आजारही नाही. त्यांनी Methylene blue चे द्रावण sublingual संपर्कात काही काळ गुळणी धरून आणण्याचा यशस्वी प्रयोग केला आहे. मुंबईच्या माजी महापौर डॉ. शुभा राऊळ यांनी अधिकृतरित्या या उपचारपद्धतीचा प्रचार–प्रसार करीत हजारो सेवा बजावणाऱ्या व धोकादायक संसर्ग क्षेत्रात काम करणाऱ्या कर्मचाऱ्यांना सक्षम पुरवठाही केला आहे. मात्र काहीशे रुपयांचे हे औषध परिणामक असल्याचा या सर्वांचा अनुभव आहे. परंतु व्यापारीदृष्ट्या व्यवसाय व नफा धोक्यात यायला नको म्हणून प्रसिद्ध औषधी कंपन्या या देशातील उपचार पद्धतीला योग्य तो उठाव मिळू देत नसल्याचा दावाही या अनुषंगाने करण्यात आला. समाजाला पोखरणाऱ्या वर्षानुवर्षे वेढणाऱ्या या महामारीच्या विळख्यास या उपचारांनी खिंडार पडत असेल, हजारो जीव संरक्षित होत असतील तर नक्कीच अग्रक्रमाने या उपचारांचा प्रसार व पुरवठा व्हायला हवा. अशा संकटसमयी फायदा व व्यापार बघणाऱ्यांना कलियुगही माफ करेल का? शंकाच आहे.

आयुष विभागातर्फे राष्ट्रीय स्तरावर प्रयत्नांबरोबर या महामारीच्या दुसऱ्या लाटेत जो सर्व कुटुंबांवरच घाला झालेला दिसतो त्यात येणारे एकाकीपण, भयावह तुटलेपण दूर करणे ही मोठीच सामाजिक जबाबदारी आहे. याच विचारांनी शहर व जिल्हा पातळीवर युवा कार्यकर्त्यांनी ऑक्सिजन बेडची उपलब्धता समजण्यासाठी google form पद्धतीने, समुपदेशन गटांच्या माध्यमातून, लसीकरण मोहिमेतला गोंधळ टाळण्यासाठी गुगलफॉर्म प्रांतीय पद्धतीने भरून घेऊन मोठी कामगिरी केली आहे. या दुसऱ्या लाटेत खरतर युवा रुग्णांचीच संख्या अधिक असली तरी पुढे येऊन समाजोपयोगी आरोग्य रक्षण कामात अक्षरशः झोकून देऊन, धैर्याने बळ एकवटून सर्वजण एकत्र आहेत. याच विचारांनी सेवासहयोग, सुराज्य विकास प्रकल्प व स्वरूपवर्धिनी सारख्या गटांनी अंत्यविधी सेवा कार्य व मृतांचे पास निर्गमित करण्यात सहाय्यक स्वयंसेवक दिले आहेत.

ऑक्सिजनच्या तुटवड्याने ऑक्सिजनवरच अडकलेली आरोग्यसेवा रुग्णालयीन ऑडीट, ऑक्सिजन कॉन्स्ट्रेशन सेंटर आणि ऑक्सिजन निर्माणात साखर कारखाने व रुग्णालये यांचा सक्रिय सहभाग यामुळे पुन्हा सशक्त झाली आहे. गरजेनुसार तातडीने नवे मार्ग धांदोळून उपचारात खंड पडू न देणे हे या शहराचे व राज्याचे वैशिष्ट्यच आहे.

इतिहासात कितीही घनघोर हल्ले झाले तरी गनिमीकाव्याने पुन्हा स्वराज्य प्रस्थापित केल्याचे दाखले आपल्याला माहितच आहेत. पण या महामारीच्या जीवघेण्या हल्ल्यात ही या सर्व उपायांची ऐतिहासिक, सामाजिक कार्यतत्परता म्हणून निश्चितच नोंद घेतली जाईल. भविष्यातील संकटांना सामोरे जाताना किती पूर्वतयारी करावी लागेल याचीही शिकवण या संशोधनातून निश्चितच पुढे येईल. श्री धन्वंतरी कृपेने या सर्व एकत्रित प्रयत्नांना यश लाभो व सर्व समाज आरोग्य संपूर्ण होवो हीच प्रार्थना!

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❊ आरोग्यदीप दिवाळी अंक २०२१ ❊

आवाहन!!

दि. १५ ऑक्टोबर २०२१ रोजी
दसऱ्याच्या शुभमुहूर्तावर प्रकाशित होणार आहे.
जाहिरातदारांनी कृपया संपर्क साधावा.

प्रा. डॉ. अपूर्वा संगोराम (९८२२०९०३०५)
प्रा. डॉ. विनया दीक्षित (९४२२५१६८४५)